Form 990

Dept of Trsury
Int. Rev. Ser.

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) charitable trust

Note: You may required to use a copy of this return to satisfy state requiremts. See instruct E.

OMB No.1545-0047

1990

For the calendar year 1990, or fiscal year beginning ,1990, and ending , 19

Use IRS label. Otherwise, please print or type.	Name of organization Point Foundation	A Employer identification number (see instruction S2) 94-2147154
	Number, street and room (or P.O. box no.) (see instruct S1. 27 Gate Five Road	B State registration number (see instruction E) 10497
	City or town, state, and ZIP code Sausalito, California 94965	C If application for exemption is pending check here > . . . . . [ ]

D Type of organ-Exempt under sect. > [x] 501(c) (3) (insert number), OR > [ ] section 4947(a)(1) trust (see instruction C7 & question 92.)

E ccting method [ ] Cash [x] Accrual [ ] Other (specify)>

F Is this a group return (see instruct Q) filed for affiliates? No
If Yes, enter no. of affiliates for which this return is filed
Is this a separate return filed by a group affiliate? . . No

G If either answer in F is "Yes," enter four-digit group exemption number (GEN) >

H Check box if address changed [ ]

I Check > [ ] if your gross receipts are normally not > $25,000. You do not have to file a completed return w/ IRS; but if you received a Form 990 Package in the mail, you should file a return without financial data (see instruct A5). Some states require a complete retur

501(c)(3) organizations & 4947(a)(1) trusts must also complete & attach Sched A (Form 990). (See instruct. C1.)

Part I Statement of Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:						
	a Direct public support			1a	88,244.00		
	b Indirect public support			1b			
	c Government grants			1c			
	d Total (add lines 1a through 1c) (attach schedule - see instructions)					1d	88,244.00
	2 Program service revenue (from Part VII, line 93)					2	904,734.00
	3 Membership dues and assessments (see instructions)					3	
	4 Interest on savings and temporary cash investments					4	5,893.00
	5 Dividends and interest from securities					5	
	6a Gross rents			6a			
	b Less: rental expenses			6b			
	c Net rental income or (loss) (line 6a less line 6b)					6c	0.00
	7 Other investment income (describe >					7	
	8a Gross amount from sale of assets other than inventory		(A) Securities	8a	(B) Other 1,000.00		
	b Less: cost or other basis and sales expenses	8b		8b	0.00		
	c Gain (loss) (attach schedule)	8c	0.00	8c	1,000.00	8d	1,000.00
	9 Special fundraising events and activities (attach schedule - see instructions):						
	a Gross revenue (not including $ of contributions report on line 1a)			9a			
	b Less: direct expenses			9b			
	c Net income (line 9a less line 9b)					9c	0.00
	10a Gross sales less returns and allowances			10a			
	b Less: cost of goods sold			10b			
	c Gross profit or (loss) (line 10a less line 10b) (attach schedule)					10c	0.00
	11 Other revenue (from Part VII, line 103)					11	6,045.00
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)					12	1,005,916.00
Expenses	13 Program services (from line 44, column (B)) (see instructions)					13	725,225.00
	14 Management and general (from line 44, column (C)) (see instructions)					14	193,550.00
	15 Fundraising (from line 44, column (D)) (see instructions)					15	17,570.00
	16 Payments to affiliates (attach schedule - see instructions)					16	
	17 Total expenses (add lines 16 and 44, column (A))					17	936,345.00
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)					18	69,571.00
	19 Net assets or fund balances at beginning of year (from line 74, column (A))					19	(416,938.00)
	20 Other changes in net assets or fund balances (attach explanation)					20	1.00
	21 Net assets or fund balances at end of year (add lines 18, 19, and 20)					21	(347,366.00)

Part II Statement of Functional Expenses All organizations must complete col (A) thru (D) are required for section 501(c)(3) and (c)(4) organizations and 4947(a)(1) trusts but optional for others. (See instructions.)

	Do not include amounts reported on lines 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
	22 Grants and allocations (attach schedule)	15,000.00	15,000.00		
	23 Specific assistance to individuals	0.00			
	24 Benefits paid to or for members	0.00			
	25 Compensation of officers, directors, etc.	20,517.00		20,517.00	
	26 Other salaries and wages	278,529.00	217,559.00	60,970.00	
	27 Pension plan contributions	0.00			
E	28 Other employee benefits	8,571.00	6,235.00	2,336.00	
x	29 Payroll taxes	28,584.00	20,795.00	7,789.00	
p	30 Professional fundraising fees	14,000.00			14,000.00
e	31 Accounting fees	0.00			
n	32 Legal fees	0.00			
s	33 Supplies	156,493.00	146,289.00	10,204.00	
e	34 Telephone	6,777.00		6,777.00	
s	35 Postage and shipping	8,583.00		8,583.00	
	36 Occupancy	39,792.00		39,792.00	
	37 Equipment rental and maintenance	6,618.00		6,618.00	
	38 Printing and publications	0.00			
	39 Travel	0.00			
	40 Conferences, conventions, and meetings	0.00			
	41 Interest	2,075.00		2,075.00	
	42 Depreciation, depletion, etc. (attach schedule)	16,200.00		16,200.00	
	43 Other expenses (itemized): a See Stmt #2	334,606.00	319,347.00	11,689.00	3,570.00
	b	0.00			
	c	0.00			
	d	0.00			
	e	0.00			
	f	0.00			
	44 Total functional expenses (add lines 22-43) Organ doing B-D, carry total to lines 13-15.	936,345.00	725,225.00	193,550.00	17,570.00

Part III Statement of Program Service Accomplishments (See instructions.)

	Describe what was achieved in carrying out your exempt purposes. Fully describe the services provided; the numbe of persons benefited; or other relevant information for each program title. Section 501(c)(3) and (4) organizations must also enter the amount of grants to others.	Expenses (optional for some organizations - see instructions)
a	Publication of Whole Earth Review Magazine Currently approximately 22,000 subscribers See also Part VIII (Grants $	591,193.00
b	Publication of Educational Books and Computer Data Base See also Part VIII (Grants $	9,148.00
c	Write weekly column for San Francisco Chronicle See also Part VIII (Grants $	27,314.00
d	Special Events Cyberthon: Virtual Reality conference for approximately 400 people Hackers' Conference See also Part VIII (Grants $ 15,000.00)	94,406.00
e	Other program services (attach schedule) MAILING LIST (Grants $	3,164.00
f	Total (add lines a through e) (should equal line 44, column (B))	725,225.00

Part IV Balance Sheets

Note: *Where required, attached schedules and amounts in the description column should be for end-of-year amounts only.*			(A) Beginning of year		(B) End of year
Assets					
45 Cash - noninterest-bearing			5,124.00	45	34,296.00
46 Savings and temporary cash investments			63,040.00	46	139,802.00
47a Accounts receivable	47a	65,679.00			
b Less: allowance for doubtful accounts	47b	9,000.00	57,679.00	47c	53,459.00
48a Pledges receivable	48a				
b Less: allowance for doubtful accounts	48b			48c	
49 Grants receivable				49	
50 Receivables due from officers, directors, trustees, and key employees (attach schedule)				50	
51a Other notes and loans receivable (attach schedule)	51a				
b Less: allowance for doubtful accounts	51b			51c	
52 Inventories for sale or use			1,575.00	52	1,575.00
53 Prepaid expenses and deferred charges			4,273.00	53	0.00
54 Investments - securities (attach schedule)				54	
55a Investments-land, buildings, and equipment: basis	55a	157,571.00			
b Less: accumulated depreciation (attach schedule)	55b	121,400.00	26,904.00	55c	23,997.00
56 Investments-other (attach schedule)			39,500.00	56	39,500.00
57 Land, buildings, and equipment: basis	57a				
Less: accumulated depreciation (attach schedule)	57b			57c	
58 Other assets (describe > Deposits			125.00	58	125.00
59 Total assets (add lines 45 through 58)			198,220.00	59	292,754.00
Liabilities					
60 Accounts payable and accrued expenses			44,069.00	60	43,444.00
61 Grants payable				61	
62 Support and revenue designated for future periods (attach schedule)			536,061.00	62	581,275.00
63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64 Mortgages and other notes payable (attach schedule)			20,000.00	64	0.00
65 Other liabilities (describe > See Statement #3			15,028.00	65	15,401.00
66 Total liabilities (add lines 60 through 65)			615,158.00	66	640,120.00
Fund Balances or Net Worth					
Organizations that use fund accounting, check here > ☐ and complete lines 67 through 70 and lines 74 and 75.					
67a Current unrestricted fund				67a	
b Current restricted fund				67b	
68 Land, buildings and equipment fund				68	
69 Endowment fund				69	
70 Other funds (describe >				70	
Organizations that do not use fund accounting, check here [x] and complete lines 71 through 75.					
71 Capital stock or trust principal				71	
72 Paid-in or capital surplus				72	
73 Retain earning or accumulated income			(416,938.00)	73	(347,366.00)
74 Total fund balances or net assets (see instructions)			(416,938.00)	74	(347,366.00)
75 Total liabilities and fund balances/net assets (see instructions)			198,220.00	75	292,754.00

Part V List of Officers, Directors, and Trustees (List each one even if not compensated. See instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	C) Compen-sation (if not paid enter -0-)	(D) Contributions to employee benefit plans	(E) Expense account and othe allowances
See statement #4				

Part VI Other Information

			Yes or No
76	Did you engage in any activity not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of each activity.	76	No
77	Were any changes made to the organizing or governing documents, but not reported to IRS? If "Yes," attach a conformed copy of the changes.	77	No
78a	Did your organization have unrelated business gross income of >=$1,000 during the year covered by this return	78a	Yes
b	If "Yes," have you filed a tax return on Form 990-T, Exempt Organization Business Inc. Tax Return, for this yea	78b	Yes
c	At any time during the year, did you own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX.	87c	Yes
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (See instructions.) If "Yes," attach a statement as described in the instructions.	79	No
80	Are you related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? (See instruct.) If "Yes," enter the name of the organization > and check whether it is [ ] exempt OR [ ] nonexempt.	80a	No
81a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 81a N/A		
b	Did you file Form 1120-POL, U.S. Income Tax Return for Certain Political Organizations, for this year?	81b	N/A
82a	Did you receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	No
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. See instructions for reporting in Part III 82b N/A		
83a	Did anyone request to see either your annual return or exemption application (or both)?	83a	Yes
b	If "Yes," did you comply as described in the instructions? (See General Instruction L.)	83b	Yes
84a	Did you solicit any contributions or gifts that were not tax deductible?	84a	No
b	If "Yes," did you include with every solicitation an express statement that such contributions or gifts were not tax deductible? (See General Instruction M.)	84b	N/A
85a	Section 501(c)(5) or (6) organizations. - Did you spend any amounts in attempts to influence public opinion about legislative matters or referendums? (See instructions and Regulations section 1.162-20(c).)	85a	No
b	If "Yes," enter the total amount spent for this purpose 85b N/A		
86	Section 501(c)(7) organizations. - Enter:		
a	Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities (See instructions.) 86b N/A		
c	Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion? (See instructions.)	86c	N/A
87	Section 501(c)(12) organizations. - Enter amount of:		
a	Gross income received from members or shareholders 87a N/A		
b	Gross income received from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88	Public interest law firms. - Attach information described in the instructions.		
89	List the states with which a copy of this return is filed > California		
90	During this tax year did you maintain any part of your accounting/tax records on a computerized system?	90	Yes

91 The books are in care of Point Foundation Telephone no. >> 415-332-1716
Located at 27 Gate Five Road, Sausalito, California 94965

92 Section 4947(a)(1) trusts filing Form 990 in lieu of Form 1041, U.S. Fiduciary Income Tax Return Check here > [ ]
and enter the amount of tax-exempt interest received or accrued during the tax year 92

Part VII Analysis of Income-Producing Activities

Enter gross amts unless otherwise indicate	Unrelated business income		Excluded by sect. 512, 513, or 514		(e) Related/exempt
93 Program service revenue:	(a) Business cod	(b) Amount	(c) Exclusion code	(d) Amount	function income
(a) Whole Earth Review	7310	7,991.00			643,315.00
(b) Book production & sales					103,662.00
(c) Chronicle column					28,050.00
(d) Special events					96,865.00
(e) Mailing list	9200	10,116.00			14,735.00
(f)					
(g) Fees from government agencies					
94 Membership dues & assesments					
95 Interest on saving/temp cash investmt			14	5,893.00	
96 Dividends & interest on securities					
97 Net rental inc (loss) from real estate:					
(a) debt-financed property					
(b) not debt-financed property					
98 Net rental inc(loss) from per. property					
99 Other investment income					
100 Gain/loss fr sale of asset than inventry			18	1,000.00	
101 Net inc from special fundraising events					
102 Gross profit/loss from sale of inventry					
103 Other rev: a) Royalties			15	2,038.00	
(b) Miscellaneous					4,008.00
(c) Donations					88,244.00
(d)					
(e)					
104 Subtotal (add col. (b), (d), and (e))		18,107.00		8,931.00	978,879.00
105 TOTAL (add line 104, columns (b), (d), and (e))					>> 1,005,917.00

(Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.)

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. V	Explain below how each activity for which income is reported in column (e) of Part VII contributed importantly to the accomplishment of your exempt purposes (other than by providing funds for such purposes). (See instructions.)
	Point Foundation's Educational purpose is served by publishing activities, newspaper column, mailing list sales, and educational projects. The publications (Whole Earth Review, Signal, Fringes, News That Stayed News, and Ecolog) encourage independendent learning. Books and products are reviewed which enable individuals to acquire new skills and knowledge.

Part IX Information Regarding Taxable Subsidiaries (Complete this Part if you answered "Yes" to question 78c.)

Name, address, and employer ID no. of corporation or partnership	% of ownership interest	Nature of business activities	Total income	End-of-year assets
Whole Earth 'Lectronic Link	50%	Computerized Bulletin Board	76,608.00	271,316.00

Under penalties of perjury I declare that I've examined this return&accompanying scheds.&statemts &to the best of my knowledge & beli they is true correct & complete. Declaration of preparer (other than taxpayer) is based on all info of which preparer has any knowledge.

Please Sign Here	Signature of officer	Date	>> Title	
Paid Preparer's Use Only	Preparer's signature		Date	If self-employed ☐ < check here
	Firm's name and address	Point Foundation 27 Gate Five Road, Sausalito, California	ZIP code 94965	

SCHEDULE A (Form 990) Department of theTreasury Internal Revenue Service	**Organization Exempt Under 501(c)(3)** (Except Private Foundation), 501(e), 501(f), 501(k), or Section 4947(a)(1) Trust Supplementary Information * Attach to Form 990 (or Form 990EZ).	OMB No. 1545-0047 **1990**

Name	Employer identification number
Point Foundation	94-2147154

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See specific instructions.) (List each one. If there are none, enter "None.")

(a) Name and address of employee paid more than $30,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $30,000 . . . . . >				

Part II Compensation of the Five Highest Paid Persons for Professional Services
(See specific instructions.) (List each one. If there are none, enter "None.")

(a) Name and address of persons paid more than $30,000	(b) Type of service	(c) Compensation
NONE		
Total no. of others receiving over $30,000 for professional services >		

Part III Statements About Activities

		Yes (1)	No (2)
1 During the year, have you attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?	1		X
If "Yes," enter the total expenses paid or incurred in connection with the legislative activities. $ Complete Part VI of this form for organizations that made an election under section 501(h) on Form 5768 or other statement. For other organizations checking "Yes," attach a statement giving a detailed description of legislative activities and a classified schedule of the expenses paid or incurred.			
2 During the year, have you, either directly or indirectly, engaged in any of the following acts with a trustee, director, principal officer, or creator of your organization, or any taxable organization or corporation with which such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	X	
e Transfer of any part of your income or assets?	2e		X
If the answer to any question is "Yes, " attach a detailed statement explaining the transactions.			
3 Do you make grants for scholarships, fellowships, student loans, etc.?	3		X
4 Attach a statement explaining how you determine that individuals or organizations receiving disbursements from you in furtherance of your charitable programs qualify to receive payments. (See specific instructions.)			

Part IV Reason for Non-Private Foundation Status (See instructions for definitions.)

The organization is not a private foundation because it is (please check only ONE applicable box):

5 [ ] A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 [ ] A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 3.)

7 [ ] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 [ ] A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 [ ] A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter name, city, and state of hospital >

10 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete Support Schedule.)

11a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete Support Schedule.)

11b [ ] A community trust. Section 170(b)(1)(A)(vi). (Also complete Support Schedule.)

12 [ ] An organization that normally receives: (a) no more than 1/3 of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975, and (b) more than 1/3 of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions. See section 509(a)(2). (Also complete Support Schedule.)

13 [ ] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) boxes 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). See section 509(a)(3).

Provide the following information about the supported organizations. (See instructions for Part IV, box 13.)

(a) Name of supported organizations	(b) Box number from above

14 [ ] An organization organized and operated to test for public safety. Section 509(a)(4). (See specific instructions.)

Support Schedule (Complete only if you checked box 10, 11, or 12 above.) Use cash method of accounting.

Calendar year (or fiscal year beginning in) >	(a) 1989	(b) 1988	(c) 1987	(d) 1986	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	60,178.00	32,487.00	35,649.00	38,632.00	166,946.00
16 Membership fees received		0.00	0.00	0.00	0.00
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	527,851.00	848,024.00	644,577.00	678,919.00	2,699,371.00
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after 6/30/75	3,899.00	4,333.00	2,148.00	3,528.00	13,908.00
19 Net income from unrelated bus. activities not in line 1	7,629.00	6,691.00	15,640.00	9,244.00	39,204.00
20 Tax revenues levied for your benefit and either paid to you or expended on your behalf		0.00	0.00	0.00	0.00
21 The value of services or facilities furnished to you by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge		0.00	0.00	0.00	0.00
22 Other income. Attach schedule. Do not include gain (or loss) from sale of capital assets	30,357.00	1,748.00	11,225.00	11,162.00	54,492.00
23 Total of lines 15 through 22	629,914.00	893,283.00	709,239.00	741,485.00	2,973,921.00
24 Line 23 minus line 17	102,063.00	45,259.00	64,662.00	62,566.00	274,550.00
25 Enter 1% of line 23	6,299.00	8,933.00	7,092.00	7,415.00	

26 Organizations described in box 10 or 11:

a Enter 2% of amount in column (e), line 24 . . . . . 5,491.00

b Attach a list (not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1986 through 1989 exceeded the amount shown in line 26a. Enter the sum of all excess amounts here 10,000

(Continued on page 3)

Point Foundation **December 31, 1990** **ID# 94-2147154**

Excess Contributions: line 26 b

Name	Gift amount
Robert Fulgham	$10,000

Part IV Support Schedule (continued) (Complete only if you checked box 10, 11, or 12 on page 2.)

27 Organizations described in box 12, page 2: NOT APPLICABLE

a Attach a list for amounts shown on lines 15, 16, and 17, showing the name of, and total amounts received in each year from, each "disqualified person," and enter the sum of such amounts for each year:

(1989) (1988) (1987) (1986)

b Attach a list showing, for 1986 through 1989, the name and amount included in line 17 for each person (other than "disqualifie persons") from whom the organization received more during that year than the larger of: the amount on line 25 for the year or $5,000. Include organizations described in boxes 5 through 11 as well as individuals. Enter the sum of these excess amounts each year:

(1989) (1988) (1987) (1986)

28 For an organization described in box 10, 11, or 12, page 2, that received any unusual grants during 1986 through 1989, attach a list (not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15 above. (See specific instructions.)

Part V Private School Questionnaire
(To be completed ONLY by schools that checked box 6 in Part IV) NOT APPLICABLE

		Yes (1)	No (2)
29 Do you have a racially nondiscriminatory policy toward students by statement in your charter, bylaws, other governing instrument, or in a resolution of your governing body?	29		
30 Do you include a statement of your racially nondiscriminatory policy toward students in all your brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Have you publicized your racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if you have no solicitation program, in a way that makes the policy known to all parts of the general community you serve?	31		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32 Do you maintain the following:			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by you or on your behalf to solicit contributions?	32d		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate stateme			
33 Do you discriminate by race in any way with respect to:			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance? (See instructions.)	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space attach a separate stateme			
34a Do you receive any financial aid or assistance from a governmental agency?	34a		
b Has your right to such aid ever been revoked or suspended?	34b		
If you answered "Yes" to either 34a or b, please explain using an attached separate statement.			
35 Do you certify that you have complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation. (See instructions for Part V.)	35		

Part VI Lobbying Expenditures by Public Charities (see instructions)
(To be completed ONLY by an eligible organization that filed Form 5768)

Check here >> a [ ] If the organization belongs to an affiliated group (see instructions).
Check here >> b [ ] If you checked 'a' and "limited control" provisions apply (see instructions).

Limits on Lobbying Expenses NOT APPLICABLE	(a) Affiliated group totals	(b) Completed for ALL elect organ.
36 Total (grassroots) lobbying expenses to influence public opinion		
37 Total lobbying expenses to influence a legislative body		
38 Total lobbying expenses (add lines 36 and 37)	0.00	0.00
39 Other exempt purpose expenses (see Part VI instructions)		
40 Total exempt purpose expenses (add lines 38 and 39) (see instructions)	0.00	0.00
41 Lobbying nontaxable amount. Enter the smaller of $1,000,000 or the amount determined under the following table -		
If the amount on line 40 is - / **The lobbying nontaxable amount is -**		
Not over $500,000 . . . 20% of the amount on line 40		
Over $500,000 but not over $1,000,000 . . . $100,000 plus 15% of the excess over $500,000	0.00	0.00
Over $1,000,000 but not over $1,500,000 . . . $175,000 plus 10% of excess over $1,000,000		
Over $1,500,000 . . . $225,000 plus 5% of excess over $1,500,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	0.00	0.00
(Complete lines 43 & 44. File Form 4720 if either line 36 exceeds line 42 or line 38 exceeds line 41.)		
43 Excess of line 36 over line 42	0.00	0.00
44 Excess of line 38 over line 41	0.00	0.00

4 - Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45-50 for details.)

	Lobbying Expenses During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) >	(a) 1990	(b) 1989	(c) 1988	(d) 1987	(e) Total
45 Lobbying nontaxable amount (see instructions)					0.00
46 Lobbying ceiling amount (150% of line 45(e))					0.00
47 Total lobbying expenses (see instructions)					0.00
48 Grassroots nontaxable amount (see instructions)					0.00
49 Grassroots ceiling amount (150% of line 48(e))					0.00
50 Grassroots lobbying expenses (see instructions)					0.00

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		x
(ii) Other assets	a(ii)		x
b Other Transactions:			
(i) Sales of assets to a noncharitable exempt organization	b(i)		x
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		x
(iii) Rental of facilities or equipment	b(iii)		x
(iv) Reimbursement arrangements	b(iv)		x
(v) Loans or loan guarantees	b(v)		x
(vi) Performance of services or membership or fundraising solications	b(vi)		x
c Sharing of facilities, equipment, mailing lists or other assets, or paid employees	c		x

d If the answer to any of the above is "Yes," complete the following schedule. The "Amount involved" column below should always indicate the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, the column should also indicate the value of the goods, other assets, or services received.

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organizatic	(d) Descriptions of transfers, transactions & sharing arrangemts

	Yes	No
52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?		X

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Point Foundation **December 31, 1990** **ID# 94-2147154**

Statement 1

Property Description	Date Acq	Method	Life	Cost	Prior Deprec	Current Deprec	Accum Deprec
Camera Body	Apr-80	SL	10 Years	525	514	11	525
Camera Lens	Apr-80	SL	10 Years	515	501	14	515
Office Equipment	Nov-82	SL	5 Years	911	911	0	911
Typesetter	Dec-82	ACRS	5 Years	26,675	26675	0	26,675
Cannon Copier	Jun-83	ACRS	5 Years	12,587	12587	0	12,587
Phone System	Jun-83	ACRS	5 Years	6,100	6100	0	6,100
Phone System	Jul-83	ACRS	5 Years	20,364	20364	0	20,364
Phone System	Aug-83	ACRS	5 Years	2,262	2262	0	2,262
Modem (3)	Sep-83	ACRS	5 Years	2,097	2097	0	2,097
Phone System	Oct-83	ACRS	5 Years	803	803	0	803
Phone System	Nov-83	ACRS	5 Years	1,381	1381	0	1,381
Lesson Security	Nov-83	ACRS	5 Years	1,595	1595	0	1,595
Lange Video Slide	Dec-83	ACRS	5 Years	2,612	2612	0	2,612
Okidata Printer	Dec-84	ACRS	5 Years	360	360	0	360
Okidata Printer	Jun-84	ACRS	5 Years	460	460	0	460
Compaq Plus	Jun-84	ACRS	5 Years	4,134	4134	0	4,134
Compaq Plus (2)	Nov-84	ACRS	5 Years	8,056	8056	0	8,056
MacIntosh	Nov-85	ACRS	5 Years	2,985	2985	0	2,985
HP Thinkjet Printer (4)	Nov-85	ACRS	5 Years	1,259	1260	0	1,260
Typesetter Terminal	May-86	ACRS	5 Years	4,599	3633	966	4,599
Typesetter	Dec-87	MACRS	7 Years	21,458	10901	3017	13,918
Mita Copier	Jan-88	MACRS	5 Years	3,222	1675	619	2,294
Mac II with Monitor	Feb-88	MACRS	5 Years	2,799	1456	538	1,994
Old Typesetter Addition	Feb-88	MACRS	5 Years	2,756	1433	524	1,957
Software-In-House Full	Feb-88	MACRS	3 Years	14,101	9267	4834	14,101
Nine Track Tape Drive	Mar-88	MACRS	5 Years	3,194	1661	613	2,274
Memory Expansion Board	Mar-88	MACRS	5 Years	451	234	86	320
Mac-SE w/Hard Disk-2/NY	Mar-88	MACRS	5 Years	2,029	1055	390	1,445
Mac-SE w/Hard Disk-2/MZ	Mar-88	MACRS	5 Years	2,030	1056	389	1,445
CMS-Hard Disk	Mar-88	MACRS	5 Years	596	310	115	425
Priam Ext Disk AVA	Apr-88	MACRS	5 Years	2,130	1108	409	1,517
ELPK-Tek Power Suppply	Apr-88	MACRS	5 Years	539	280	103	383
C. Itoh Printer	May-88	MACRS	5 Years	1,704	885	327	1,212
VCR	Nov-89	MACRS	5 Years	282	56	56	112
Laserwriter II	Feb-90	MACRS	5 Years	2,693	0	539	539
Donated Comps&Prntrs	'1990	MACRS	5 Years	10,600	0	2650	2,650
				170,864	130,667	16,200	146,867

Statement of Other Expenses

Point Foundation **December 31, 1990** **Identification # 94-21[illegible]47154**

Statement 2

Description	Total	Program Services	Management General	Fundraising
Outside Professional Services	89989	89989		
Writers/Contributors	30919	30919		
Subscription Fulfillment	32215	32215		
Subscription Promotion	52423	52423		
Direct Distribution	8437	8437		
National Newstand Distribution	11237	11237		
Mailing List Fulfillment	3164	3164		
Book Fulfillment & Promotion	5544	5544		
Chronicle Column Contributors	5936	5936		
Miscellaneous	4900	3664	1236	
Utilities	3251		3251	
Insurance	1942		1942	
Legal and Professional	1323		1323	
Taxes	3351		3351	
Bank Charges	4381	3795	586	
Special Projects	72024	72024		
Fundraising Expenses	3570			3570
Total	**334,606**	**319,347**	**11,689**	**3,570**
To Part II, Line 43				

Balance Sheet Schedule

Point Foundation **December 31, 1990** **Identification # 94-21[redacted]47154**

Statement 3

Investments - Other	
Zomeworks	30,000
The Well	9,500
	39,500
Support and Revenue for Future Periods	
Subscription Advances	581,275
Other Liabilities	
Book production advance	4,521
Contract Payable (capital lease)	10,880
	15,401

Form **2758**
(Rev. October 1988)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File
Fiduciary and Certain Other Returns

▶ File a separate application for each return.

OMB No. 1545-0148
Expires: 10-31-90

RECEIVED OSC - 438
MAY 21 1991
IRS - OGDEN, UTAH

Please type or print.
File the original and one copy by the due date for filing your return. (See instructions on back.)

Name: POINT FOUNDATION
Number and street (or P.O. Box number if mail is not delivered to street address): 27 GATE FIVE ROAD
City or town, state, and ZIP code: SAUSALITO, CALIFORNIA 94965
Employer identification number: 94-2147154

Farmers' cooperative associations filing Form 990-C, corporate exempt organizations filing Form 990-T, funds filing Form 1120-ND, political or exempt organizations filing Form 1120-POL, or S corporations filing Form 1120S, use Form 7004. Partnerships filing Form 1065 and trusts filing either Form 1041 or Form 1041S, use Form 8736.

1 An extension of time until NOVEMBER 15, 1991 is requested in which to file (check only one):

☐ Form 706GS (D) ☐ Form 990-BL ☐ Form 990-T (trust other than above) ☐ Form 1066 ☐ Form 4720 ☐ Form 8612
☐ Form 706GS (T) ☐ Form 990-PF ☐ Form 1041 (estate) ☐ Form 1120-ND (4951 taxes) ☐ Form 5227 ☐ Form 8613
☒ Form 990 ☐ Form 990-T (401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 3520-A ☐ Form 6069 ☐ Form 8725

If organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐

2 For calendar year 19 90, or other tax year beginning _____ and ending _____

3 Has an extension of time to file been previously granted for this tax year? . . . . . ☐ Yes ☒ No

4 State in detail why you need the extension. NOT ALL INFORMATION IS AVAILABLE TO COMPLETE RETURN ACCURATELY BY MAY 15.

5a If this form is for Form 706GS(D), 706GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1066, 1120-ND, 4720, 6069, 8612, 8613, or 8725, enter the tentative tax. See the instructions . . . . . $ NONE

b If this form is for Form 990-PF, 990-T, or 1041 (estate), enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. See the instructions . . . . . $ _____

c Balance due (subtract line 5b from line 5a). Include your payment with this form, or deposit with FTD Coupon if required. See the instructions . . . . . $ NONE

Caution: *Interest will be charged on any tax not paid by the regular due date of the returns filed on forms listed above until the tax is paid.*

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature ▶ Christopher Goodson Date ▶ May 14, 1991

File original and one copy. IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant—To Be Completed by IRS

☒ We **HAVE** approved your application. (Please attach this form to your return.)

☐ We **HAVE NOT** approved your application. (Please attach this form to your return.) However, because of your reasons stated above, we have granted a 10-day grace period from the date shown below or due date of your return, whichever is later. This 10-day grace period is considered to be a valid extension of time for purposes of elections otherwise required to be made on timely filed returns.

☐ We **HAVE NOT** approved your application. After considering your reasons stated above, we cannot grant your request for an extension of time to file. (We are not granting the 10-day grace period.)

☐ We cannot consider your application because it was filed after the due date of your return.

☐ Other _____

EXTENSION TO FILE APPROVED TO NOV 15 1991

JUN 17 1991
Date

895050422
By: Director

If the copy of this form is to be returned to an address other than that shown above, please enter the address where the copy should be sent.

Please Type or Print
Name
Number and street (or P.O. Box number if mail is not delivered to street address)
City or town, state, and ZIP code

For Paperwork Reduction Act Notice, see back of form.

Form 990-T
Depart of Treasury
Internal Rev Service

Exempt Organization Business Income Tax Return

(Under Section 511 of the Internal Revenue Code)
For calendar year 1990 or other tax year

OMB No 1545-0687
1990

Please Print or Type	Name of organization **Point Foundation** Number and street (or P.O. box) 27 Gate Five Road City or town, state, and ZIP code Sausalito, California 94965	**A Employer identification no.** (employee's trust, see instruct.) 94 2147154 **B** Unrelated business activity codes (See last page of the Instruct.) 7389

C	Check box if address changed . . >		D Exempt under section >	501 (3) (c) OR	408(e)
E	Check type of organization . . . >	X Corporation	X Trust	Section 401(a) trust	
F	Group exemption number (see Instructions for Block F) >				

> If unrelated trade/business gross income is $10K or less, complete only p. 1 & Part III on p. 2, & sign return.
> If unrelated trade/business gross inc. is over $10K, complete all applicable parts of form (except lines 1 thru 4 on p. 1)

Taxable Income	1	Unrelated trade/business gross income (state sources > Mailing list & advert)	1	18,107.00
	2	Deductions (including net operating loss) (see Instructions)	2	14,044.00
	3	Unrelated business taxable income before Specific deduction (line 1 less line 2)	3	4,063.00
	4	Specific deduction (see Instructions)	4	1,000.00
	5	Unrelated business taxable income (line 3 less line 4 or enter amount from line 33, page 2. If line 4 is greater than line 3, enter the lesser of zero or line 3.)	5	3,064.00
Tax Computation		**Organizations Taxable as Corporations** (see Instructions for tax computation)		
	6	Controlled group members (sections 1561 and 1563) - Check here: ☐ and:		
	a	Enter your share of the $50,000 and $25,000 taxable income bracket amounts (in that order): (i) $ (ii) $		
	b	Enter your share of the additional 5% tax (not to exceed $11,750) $		
	7	Income tax	7	0.00
		Trust Taxable at Trust Rates (see Instructions for tax computation)		
	8	Income tax on the amount on line 5	8	460.00
Total Income Tax		**All Organizations** (see Instructions)		
	9a	Foreign tax credit (corporations attach Form 1118; trusts, Form 1116) — 9a: 0.00		
	b	Other credits (see Instructions) — 9b		
	c	Gen. bus. credit. - Check if from: ☐ Form 3800 ☐ Form 3468 ☐ Form 6478 ☐ Form 6765 ☐ Form 8586 — 9c: 0.00		
	d	Credit for prior year minimum tax (attach Form 8801) — 9d: 0.00		
	10	Total (add lines 9a through 9d)	10	0.00
	11	Subtract line 10 from line 7 or line 8	11	460.00
	12	Recapture taxes. Check if from: ☐ Form 4255 ☐ Form 8611	12	0.00
	13a	Alter. min. tax 0.00 **b** Environmental tax 0.00	13c	0.00
	14	Total tax (add lines 11, 12, and 13c)	14	460.00
	15	**Payments:a** 1989 overpayment credited to 1990 — 15a		
	b	1990 estimated tax payments — 15b: 600.00		
	c	Subtotal (add lines 15a and 15b) — 15c: 600.00		
	d	Tax deposited with Form 7004 or Form 2758 — 15d: 0.00		
	e	Foreign organizations - Tax paid or withheld at source (see Instruct) — 15e		
	f	Other credits and payments (see Instructions) — 15f: 0.00		
	16	Total credits and payments (add lines 15c through 15f)	16	600.00
	17	Enter any penalty for underpayment of estimated tax ☐ < Check if Form 2220 is attached	17	0.00
	18	**Tax due --** If the total of lines 14 and 17 is larger than line 16, enter amount owed	18	0.00
	19	**Overpayment --** If line 16 is larger than the total of lines 14 and 17, enter amount overpaid	19	140.00
	20	Enter amount of line 19 you want: Credit to '90 est. tax > 140 **Refunded >**	20	0.00

Please Sign Here	Under penalties of perjury, I declare that I've examined this return & schedules & to best of my knowledge & belief it is true, correct, & complete. Declaration of preparer is based on all info of which preparer has any knowledge. Signature of officer >> Date > Title >
Paid Preparer's Use Only	>> Check if self-employed> ☐ Preparer's social security no. Preparer's signature Date Firm's name & address E.I. No. >

For Paperwork Reduction Act Notice, see page 1 of Instructions.

Part I Unrelated Trade or Business Income (See Instructions on pages 6 through 9.)

1a	Gross receipts or sales 18,107.00 b Less returns & allow. c Balance >	1c	18,107.00
2	Cost of goods sold (Schedule A, line 7)	2	13,751.00
3	Gross profit (line 1c less line 2)	3	4,356.00
4a	Capital gain net income (attach separate Schedule D) (see Instructions)	4a	0.00
b	Net gain or (loss) from Form 4797, Part II, line 18 (attach Form 4797)	4b	0.00
c	Capital loss deduction for trusts	4c	0.00
5	Income (loss) from partnerships (attach statement)	5	
6	Rent income (Schedule C)	6	0.00
7	Unrelated debt-financed income (Schedule E, line 2)	7	0.00
8	Investment income of a section 501(c)(7), (9), (17), or (20) organization (Schedule F)	8	0.00
9	Interest, annuities, royalties, and rents from controlled organizations (Schedule G)	9	0.00
10	Exploited exempt activity income (Schedule H)	10	0.00
11	Advertising income (Schedule I, Part III-A)	11	0.00
12	Other income (see Instructions for line 12 - attach schedule)	12	
13	TOTAL - Unrelated trade or business income (add lines 3 through 12)	13	4,356.00

Part II Deductions Not Taken Elsewhere (See Instructions for limitations on deductions.)

14	Compensation of officers, directors, and trustees (Schedule J)			14	0.00
15	Salaries and wages			15	
16	Repairs (see Instructions)			16	
17	Bad debts (see Instructions)			17	
18	Interest (attach schedule)			18	
19	Taxes (see Instructions)			19	
20	Contributions (see Instructions)			20	
21	Depreciation (attach Form 4562)	21	292.00		
22	Less depreciation claimed in Schedule A and elsewhere on return	22a		22b	292.00
23	Depletion			23	
24a	Contributions to deferred compensation plans (see Instructions)			24a	
b	Employee benefit programs (see Instructions)			24b	
25	Other deductions (attach schedule)			25	
26	TOTAL DEDUCTIONS (add lines 14 through 25)			26	292.00
27	Unrelated business taxable income before allowable advertising loss (subtract line 26 from line 1			27	4,064.00
28	Advertising loss (Schedule I, Part III-B)			28	0.00
29	Unrelated business taxable income before net operating loss deduction (line 27 minus line 28)			29	4,064.00
30	Net operating loss deduction (see Instructions)			30	
31	Unrelated business taxable income before Specific deduction (subtract line 30 from line 29)			31	4,064.00
32	Specific deduction (see Instructions for line 4 of page 1)			32	1,000.00
33	Unrelated business taxable income (subtract line 32 from line 31. If line 32 is greater than line 31, enter the lesser of zero or line 31.) Enter here and on page 1, line 5			33	3,064.00

Part III Statements Regarding Certain Activities and Other Information

		Yes	No
1	At any time during the tax year, did the organ. have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank acct, securities account, or other financial account)? (See instruct) If "Yes", write in name of foreign country >		X
2	Was the organization the grantor of, or transferor to, a foreign trust that existed during the current tax year, whether or not the organization had any beneficial interest in it? If "Yes," the organization may have to file Forms 3520, 3520-A, or 926.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year >		

Schedule A - COST OF GOODS SOLD (see Instructions for line 2 on page 6.)

Method of inventory valuation (specify) >

1	Inventory at beginning of year	1	0.00	6	Inventory at end of year	6	0.00
2	Purchases	2	2,965.00	7	Cost of goods sold. Subtract line 6 from line 5. Also line 2, Part I.	7	13,751.00
3	Cost of labor	3	7,233.00				
4a	Additional sect 263A costs (att sched)	4a		8	Do rules of sect. 263A (w/ respect to property produced/acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b	3,553.00				
5	TOTAL-Add lines 1 through 4b	5	13,751.00				

The books are in care of > POINT FOUNDATION Telephone number > (415)332-1716

SCHEDULE C - RENT INCOME FROM REAL PROPERTY & PERSONAL PROPERTY LEASED W/ REAL PROPERTY
(see Instructions for line 6 on page 7)

1. Description of property	2. Rent received or accrued	3. % of rent for persnal proprty
NOT APPLICABLE		

4. Complete for any item if the entry in col. 3 is more than 50%, or if the rent is based on profit or income		5. Complete for any item if the entry in column 3 is more than 10% but not more than 50%		
(a) Deduct. directly connected (att sched	(b) Income includible (column 2 minus column 4(a))	(a) Gross inc. report (c2xc3)	(b) Deduct. directly connected w/ personal property (att sch)	(c) Income includible (column 5(a) minus column 5(b)
	0.00	0.00		0.00
	0.00	0.00		0.00
	0.00	0.00		0.00
	0.00	0.00		0.00
Add columns 4(b) and 5(c) and enter total here and on line 6, Part I, page 2				0.00

SCHEDULE E - UNRELATED DEBT-FINANCED INCOME (see Instructions for line 7 on page 7)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight-line depreciation	b) Other deduct
1			
NOT APPLICABLE			

4. Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Percentage which col. 4 is of col. 5	7. Gross inc. reportable (col 2 x col 6)	8. Allocable deductions (col 6 x tot of col 3a & 3b)	9. Net income (loss) includible (col 7 minus col 8)
		0.00%	0.00	0.00	0.00
		0.00%	0.00	0.00	0.00
		0.00%	0.00	0.00	0.00
2 Total (enter here and on line 7, Part I, page 2)					0.00
3 Total dividends-received deductions included in column 8					

SCHEDULE F - INVESTMENT INCOME OF A SECTION 501(c)(7), (9), (17), OR (20) ORGANIZATION (See Instruct.)

1. Description of income	2. Amount of income	3. Deductions directly connect (attach sched)	4. Net investment income (column 2 minus column 3)	5. Set-asides (attach schedule)	6. Bal. of investment income (col 4 - col 5)
			0.00		0.00
NOT APPLICABLE			0.00		0.00
			0.00		0.00
Total (enter here and on line 8, Part I, page 2)					0.00

SCHEDULE G - INTEREST, ANNUITIES, ROYALTIES, & RENTS FROM CONTROLLED ORGANIZATIONS (See Instruct.)

1. Name and address of controlled organization(s)	2. Gross inc. from controlled organization(s)	3. Deduct of controlling organ. directly connected w/ col 2	4. Exempt controlled organizations (a) Unrelated business taxable income	b) Taxable income computed as though not exempt or the amount in col a which is more	(c) % which col a is of col b
					0.00%
NOT APPLICABLE					0.00%
					0.00%

5. Nonexempt controlled organizations (a) Excess taxable income	(b) Taxable income, or amount in col a, which is more	(c) % which col a is of col b	6. Gross inc. reportable (col 2 x 4c/5c)	7. Allowable deductions (col 3 x 4c/5c)	8. Net income includible (col 6 minus col 7)
		0.00%	0.00	0.00	0.00
		0.00%	0.00	0.00	0.00
		0.00%	0.00	0.00	0.00
Total (enter here and on line 9, page 2)					0.00

SCHEDULE H - EXPLOITED EXEMPT ACTIVITY INCOME, OTHER THAN ADVERTISING INCOME
(see Instructions for line 10 on page 9)

1. Description of exploited activity	2. Gross unrelated bus. income from trade/business	3. Expenses directly connected w/ product. of unrelated bus inc	4. Net income from unrelated trade/business (col 2 - col 3)	5. Gross inc. from activity that is not unrelated bus. inc.	6. Expenses attributable to column 5	7. Excess exmp expenses(col 6 minus col 5, but not > col 4)	8. Net income includible (col 4 - col 7)
			0.00			0.00	0.00
NOT APPLCABLE			0.00			0.00	0.00
			0.00			0.00	0.00
Total (enter here and on line 10, Part I, page 2)							0.00

SCHEDULE I - ADVERTISING INCOME AND ADVERTISING LOSS (see Instructions for line 11 on page 9)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodica	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or loss (col 2 - col 3)	5. Circulation income	6. Readership costs	7. If col 5 > col 6, enter in Part III-A col b the gain from col 4. If col 6 > col 5, see instructions.
NOT APPLICALBE						
Total	0.00	0.00	0.00	0.00	0.00	0.00

Part II Income From Periodicals Reported on a Separate Basis

			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00

Part III-A Advertising Income		**Part III-B Advertising Loss**	
a) Enter consolidated periodical or names of nonconsolidate periodical	b)Enter tot amt from col 4/7, Prt I, & amts list in col 4/7, Prt II	a) Enter consolidated periodical, names of nonconsolidate period	b) Enter tot amount from col 4, Prt I, & amts list in col 4, Prt II
Enter total here and on line 11, Part I, page 2	0.00	**Enter total here and on line 28, Part II, page 2** . . .	0.00

SCHEDULE J - COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

1. Name	2. Title	3. % of time devoted to bus.	4. Compensation attributable to unrelated business
Stewart Brand	Director	Part-time	None
Kelly Teevan	Director & Exec Director of Point Foundation	Full-time	None
Doug Carlston	Director	Part-time	None
Huey Johnson	Director	Part-time	None
Robert Fuller	Director	Part-time	None
Christina Desser	Director	Part-time	None
Total (enter here and on line 14, Part II, page 2)			0.00

Form **7004**
(Rev. September 1989)
Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File Corporation Income Tax Return

OMB No. 1545-0233
Expires 8-31-92

Name of corporation: POINT FOUNDATION

Employer identification number: 94-2147154

Number and street (or P.O. box number if mail is not delivered to street address): 27 GATE FIVE ROAD

City or town, state, and ZIP code: SAUSALITO, CALIFORNIA 94965

Check type of return to be filed:

- ☐ Form 1120
- ☐ Form 1120-A
- ☐ Form 1120-DF
- ☐ Form 1120F
- ☐ Form 1120-FSC
- ☐ Form 1120-H
- ☐ Form 1120L
- ☐ Form 1120-ND
- ☐ Form 1120-PC
- ☐ Form 1120-POL
- ☐ Form 1120-REIT
- ☐ Form 1120-RIC
- ☒ Form 1120S
- ☐ Form 990-C
- ☒ Form 990-T

Form 1120F filers: Check here ▶ ☐ if you do not have an office or place of business in the U.S.

1a I request an automatic 6-month extension of time until NOVEMBER 15, 19 91, to file the income tax return of the corporation named above for ▶ ☒ calendar year 19 90, or ▶ ☐ tax year beginning ....., 19 ....., and ending ....., 19 ..... .

b If this tax year is for less than 12 months, check reason:
☐ Initial return ☐ Final return ☐ Change in accounting period ☐ Consolidated return to be filed

2 If this application also covers subsidiaries to be included in a consolidated return, complete the following:

Name and address of each member of the affiliated group	Employer identification number	Tax period

3 Tentative tax (see instructions)						3	600
4 Credits:							
a Overpayment credited from prior year	4a						
b Estimated tax payments for the tax year	4b						
c Less refund for the tax year applied for on Form 4466	4c	(	)	Bal ▶	4d		
e Credit from regulated investment companies					4e		
f Credit for Federal tax on fuels					4f		
5 Total—Add lines 4d through 4f						5	0
6 Balance due—Line 3 less line 5. **Deposit this amount with a Federal Tax Deposit (FTD) Coupon** (see instructions)						6	600

Signature.—Under penalties of perjury, I declare that I have been authorized by the above-named corporation to make this application, and to the best of my knowledge and belief, the statements made are true, correct, and complete.

Christine Goodson — Accounting Manager — 5/14/91
(Signature of officer or agent) (Title) (Date)

Form 7004 (Rev. 9-89)

INTERNAL REVENUE SERVICE
Ogden Service Center

Department of the Treasury
P.O. Box 9941
Ogden, UT 84409

Refer Reply To: 58906873:14:dl

Date: August 15, 1991 309C

Point Foundation
27 Gate 5 Rd
Sausalito, CA 94965-1401

Taxpayer Identification Number: 94-2147154
Tax Period(s): December 31, 1990
Form(s): 990-T

Dear Taxpayer:

Thank you for the inquiry dated June 24, 1991.

We have allowed the extension for filing this return until November 15, 1991.

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

If you have any questions about this letter, please write us at the address shown on this letter. If you prefer, you may call the IRS telephone number listed in your local directory. An employee there may be able to help you, but the office at the address shown on this letter is most familiar with your case.

When you write, please include your telephone number, the hours you can be reached, and a copy of this letter. You may also want to keep a copy of this letter for your records.

Telephone Number ( )_____ Hours_____

Sincerely yours,

W Peterson

W Peterson
Tax Examiner

Enclosure(s):
Copy of this letter
Envelope

YEAR **1990**

Exempt Organization Annual Information Statement or Return

CALIFORNIA FORM **199**

For calendar or fiscal year beginning JANUARY (MONTH) 1 (DAY) 1990, (YEAR) and ending DEC (MONTH) 31 (DAY) 1990. (YEAR)

Attach Preaddressed Label

California corporation number: D-0546604

Federal employer identification number: 94-2147154

Corporation/Organization name: POINT FOUNDATION

Address: 27 GATE FIVE ROAD

City, State, ZIP code: SAUSALITO, CALIFORNIA 94965

A Final return?
☐ Dissolved ☐ Withdrawn ☐ Merged/Reorganized (attach explanation)
If a box is checked, enter date _____

B Check forms filed this year: State: ☒ 109 ☐ 100 ☐ 100S
Federal: ☒ 990 ☒ 990T ☐ 990PF ☐ 1041 ☐ 5227 ☐ 1120H ☐ 1120

C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization or is controlled by a religious organization, check box. (See Instruction D. No filing fee required.) ● ☐

Organizations with gross receipts of less than $25,000, churches and religious orders, see instructions below.

1	Enter the organization's gross receipts. **This line must be completed** ● **Caution:** See the instructions for federal Form 990 to determine the organization's gross receipts. Homeowners' associations, see Instruction C.	1	1005916
2	Filing fee – $10 (see Instruction D)	2	10
3	**Penalty for failure to file on time** (see Instruction H)	3	
4	Balance Due. Add line 2 and line 3	4	10

5 If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "yes," complete and attach form FTB 3509 ☐ Yes ☒ No

6 Did the organization have any changes in its activities, governing instrument, articles of incorporation or bylaws that have not been reported to the Franchise Tax Board? ☐ Yes ☒ No

7 Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No
If "yes," enter amount of gross receipts from nonmember sources $ _____
Did the organization file Form 100 or Form 109 to report taxable income? ☒ Yes ☐ No
If "yes," enter amount of total income reported $ 3,058

Please Sign Here

Important: You must attach a copy of federal Form 990 and the federal income tax return and schedules the organization filed with the Internal Revenue Service. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Signature of officer _____ Date _____ ▶ Title _____ Daytime telephone _____

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date _____ Check if self-employed ☐ Preparer's social security no. _____

Firm's name (or yours, if self-employed) and address ▶ _____ FEIN _____ Daytime telephone ( )

A General Information

References in these instructions are to the Internal Revenue Code (IRC) as of January 1, 1990, and to the California Revenue and Taxation Code (R&TC).

Complete Form 199 and **attach a copy of your federal Form 990,** Return of Organization Exempt from Income Tax. If the organization is exempt under R&TC Section 23701t, attach federal Form 1120, U.S. Corporation Income Tax Return, or federal Form 1120H, U.S. Income Tax Return for Homeowners' Associations, in lieu of federal Form 990.

Important

Beginning with calendar year 1988, the following exempt organizations are **not** required to file:

- churches, interchurch organizations of local association units of a church, conventions or associations of churches or integrated auxiliaries of churches;
- religious orders; and
- other organizations with gross receipts normally less than $25,000.

Exception: Private foundations are required to file Form 199 even if gross receipts are normally less than $25,000.

Filing a return without errors will speed up processing. Before mailing the return, **make sure an entry has been made at line 1.**

Caution: Homeowners' associations exempt under R&TC Section 23701t have separate filing requirements. See Instruction C.

B Purpose of Form

Form 199 is used by tax exempt organizations, organized and operated under R&TC Section 23701, to provide the Franchise Tax Board with required information. Except for those organizations excluded from filing under General Instruction A, an annual return on Form 199 is required from every organization exempt from tax under IRC Section 501(c).

C Homeowners' Associations

Homeowners' associations exempt under R&TC Section 23701t include condominium management associations, residential real estate management associations and cooperative housing corporations.

TAXABLE YEAR **1990**

Application for Automatic Extension of Time to File Corporation Franchise or Income Tax Return

CALIFORNIA FORM **3504**

For bank, corporation and S corporation returns, and exempt organization information statements or returns.

California corporation number	Federal employer identification number	Do Not Write In This Space
D-0546604	94-2147154	

Corporation/Organization name: POINT FOUNDATION

Address (number and street, including apartment number, P.O. Box or rural route): 27 GATE FIVE ROAD

City, town or post office, state and ZIP code: SAUSALITO, CALIFORNIA 94965

1 For income year beginning JANUARY (MONTH) 1 (DAY) 1990 (YEAR), and ending DECEMBER (MONTH) 31 (DAY) 1990 (YEAR).
I request an automatic seven month extension of time to file until DECEMBER 15, 19 1991.
Note: An extension of time to file the return does not extend the time to pay the tax.

2 Check type of return to be filed:
- ☐ Corporation Franchise Tax or Income Tax Return (Form 100) (including REITs, REMICs and RICs)
- ☐ S Corporation Franchise or Income Tax Return (Form 100S)
- ☐ Exempt Organization Business Income Tax Return (except trusts) (Form 109)
- ☒ Exempt Organization Annual Information Statement or Return (except trusts) (Form 199)
  (Any trust that files Form 109 or 199 must use form FTB 3503, Application for Automatic Extension of Time to File Partnership, Fiduciary and Certain Exempt Organization Returns.)

3 Does this application also cover subsidiaries to be included in a combined report? If yes, see Instruction F..... ☐ Yes ☐ No

A All Filers

1 Total tentative tax for income year. Include alternative minimum tax. • If filing Form 100 or Form 100S, the tentative tax may not be less than the minimum franchise tax. • If filing Form 109 and/or Form 199 and if no tax is due, enter "NONE"	1	NONE
2 Estimated tax payments (include prior year overpayment applied as a credit or overpayment from the water's-edge election fee on line B3)	2	
3 Balance due with this application (attach separate check or money order to this form). Subtract line A2 from line A1	3	NONE

B Water's-Edge Filers

1 Total water's-edge election fee due if filing Form 100-FEE	1	
2 Estimated fee payments (include prior year overpayment applied as a credit or overpayment from tentative tax on line A3)	2	
3 Balance due with this application (attach separate check or money order to this form for water's-edge election fee). Subtract line B2 from line B1	3	NONE

Signature — Under penalties of perjury, I declare I am authorized by the above-named corporation or exempt organization to make this application, and to the best of my knowledge and belief it is true, correct and complete.

Christa Goodson (Signature of officer or agent) — Accounting Manager (Title) — 5/14/91 (Date)

If a payment is sent with this application, mail to: **Franchise Tax Board, P.O. Box 942857, Sacramento, CA 94257-0551.**
If no payment is sent with this application, mail to: **Franchise Tax Board, P.O. Box 942857, Sacramento, CA 94257-0550.**

The Franchise Tax Board will complete this section if the extension is denied. You will not receive a notice if the extension is granted.
Your application for extension of time to file a return has been DENIED because:
- ☐ Your application was filed after the original due date of the return.
- ☐ The total tentative tax (line A1), either is not shown or is not sufficient (this line may not be less than the minimum franchise tax, if applicable).
- ☐ The amount of payment(s) and/or credit(s) claimed does not match Franchise Tax Board records. Our records show $_____ in payment(s) and/or credit(s). This amount includes any payment submitted with this form. Payment to the Secretary of State upon qualification or incorporation may not be claimed as credit.
- ☐ You did not include payment of the balance due on line A3 with the application.
- ☐ You did not include payment of the balance due on line B3 with the application.
- ☐ Our records show this corporation is suspended or forfeited; therefore, it does not qualify for an extension.
- ☐ We have no record of this corporation having exempt status.
- ☐ The application was not complete and/or signed.
- ☐ No extension beyond seven months may be granted.
- ☐ Other (explain): _____

DENIED BY: (Initial and Date)

Homeowners' associations must attach a copy of federal Form 1120 or federal Form 1120H. If you file federal Form 1120H, also attach the following information to your Form 199:

- a detailed financial statement reflecting income from all sources and all expenditures; and
- a complete balance sheet.

Homeowners' associations' gross receipts are defined as gross receipts from all sources **before** deductions.

Homeowners' associations may also be required to file Form 100 if gross taxable income exceeds $100.

For more complete details regarding filing requirements, see FTB Pub. 1028, Guidelines for Homeowners Associations.

D Payment of Filing Fee

Organizations required to file Form 199 must pay a $10 filing fee. If Form 199 is filed late, the fee becomes $25.

The filing fee does not apply to the following organizations:

- Exclusively religious organizations exempt under R&TC Section 23701d;
- An exclusively educational organization exempt under R&TC Section 23701d, if such organization normally maintains a regular faculty and curriculum and normally has a regularly organized body of students in attendance at the place where its educational activities are regularly carried on;
- An exclusively charitable organization, or an organization for the prevention of cruelty to children or animals, exempt under R&TC Section 23701d, if such organization is supported, in whole or in part, by funds contributed by the United States or any state or political subdivision thereof, or is primarily supported by contributions of the general public; and
- An organization exempt under R&TC Section 23701d, if such organization is operated, supervised, or controlled by or in connection with an exclusively religious organization.

Organizations required to file Form 199 but not required to pay the filing fee should check the box after Question C on Side 1 of Form 199.

E Miscellaneous Forms to File

Form 109, Exempt Organization Business Income Tax Return, must be filed by:

- An exempt organization when the gross income derived from unrelated business is $1000 or more. Form 109 must be filed in addition to Form 199. Political organizations (exempt under R&TC Section 23701r), homeowners' associations (exempt under R&TC Section 23701t) and organizations controlled by the state or other governmental municipalities are exceptions to the requirement to file Form 109.
- Stock bonus, pension or profit sharing trusts (exempt under R&TC Section 17631) with unrelated business income of $1000 or more. There is no requirement to file Form 199.

Form 100 (or Form 100S for S corporations), Corporation Franchise or Income Tax Return, must be filed by:

- Political organizations (exempt under R&TC Section 23701r) with taxable income in excess of $100. There is no requirement to file Form 199.
- Some mutual and cooperative organizations that are exempt under federal law but not exempt under California law.
- Homeowners' associations (exempt under R&TC Section 23701t) with gross taxable income in excess of $100. Form 100 must be filed whether or not Form 199 is required to be filed. Homeowners' associations' gross taxable income is defined as all income received during the taxable year other than amounts received from membership fees, dues or assessments.

Form 565, Partnership Return of Income, must be filed by all religious or apostolic organizations described in R&TC Section 23701k.

Federal Form 1099 series, Information Return, and Form 596, Annual Summary and Transmittal of Information Returns, must be filed to report payments of compensation (not subject to income tax withholding), dividends, interest, rents, royalties, annuities, pensions, etc. Every organization engaged in a trade or business (which includes for this purpose all exempt functions) is required to file.

All corporations and exempt organizations incorporated or qualified in California are required to file an annual statement of officers with the Office of the Secretary of State. Contact the Office of the Secretary of State at P.O. Box 944230, Sacramento, CA 94244-0230, or telephone (916) 445-2020, for more information.

R&TC Section 25936 requires the Franchise Tax Board to assess a penalty for failure to file a statement of officers. The Franchise Tax Board has no authority to waive this penalty except as directed by the Office of the Secretary of State.

F When and Where to File

File Form 199 by the 15th day of the 5th month after the accounting period ends.

If payment is included with your completed form, mail it to:

Franchise Tax Board
P.O. Box 942857
Sacramento, CA 94257-0701

Include your California corporation number on all payments.

If payment is not required with your completed form, mail it to:

Franchise Tax Board
P.O. Box 942857
Sacramento, CA 94257-0700

G Extension of Time to File

You must file the extension request on or before the return due date. Note that an extension for federal filing does not apply to California.

Corporations — All exempt organizations that are not trusts should file form FTB 3504, Application for Automatic Extension of Time to File Corporation Franchise or Income Tax Return.

Trusts — All exempt trusts should file form FTB 3503, Application for Automatic Extension of Time to File Partnership, Fiduciary and Certain Exempt Organization Returns.

H Penalties

Failure to File a Timely Return — Any organization that fails to file the return on or before the original due date, or extended due date, is assessed a penalty of $5 for each month, or part of the month, the return is not filed. The penalty may not exceed $40.

Late Payment of Fee — Any organization that fails to pay the $10 filing fee by the original due date, or extended due date, is assessed an additional filing fee of $15.

Failure to Furnish Information — In the case of a private foundation, the Franchise Tax Board may make a written demand that a delinquent return or foundation report be filed within a reasonable time after notice of mailing a demand. The person who fails to file after such demand is also subject to a penalty of $5 for each month, or part of the month, (not to exceed $25) after the period expires. The penalty is in addition to the late filing penalty described above.

The law provides the Franchise Tax Board with the authority to waive the above penalties if it can be shown that the failure was due to reasonable cause and not due to willful neglect.

The corporate rights, powers and privileges may be suspended, or the exemption from tax may be revoked, for failure to file a return or statement or pay the filing fee or penalties.

I Group Return

A central or parent organization may file a group return for organizations that:

- are tax exempt under a group exemption letter that is still in effect;
- are affiliated with the central organization at the time its annual accounting period ends;
- are subject to the central organization's general supervision or control; and
- have the same accounting period as the central organization.

A separate form FTB 3500, Exemption Application, must be filed and approved before a group return may be filed.

J Questions About Filing

If you need further information, write to:

Franchise Tax Board
P.O. Box 942857
Sacramento, CA 94257-0740

Include your organization's identifying number and telephone number on all correspondence.

90 57715

TAXABLE YEAR **1990**

Application for Automatic Extension of Time to File Corporation Franchise or Income Tax Return

CALIFORNIA FORM **3504**

For bank, corporation and S corporation returns, and exempt organization information statements or returns.

California corporation number	Federal employer identification number	Do Not Write In This Space
D-0546604	94-2147154	

Corporation/Organization name: POINT FOUNDATION

Address (number and street, including apartment number, P.O. Box or rural route): 27 GATE FIVE ROAD

City, town or post office, state and ZIP code: SAUSALITO, CALIFORNIA 94965

1 For income year beginning JANUARY (MONTH) 1 (DAY) 1990 (YEAR), and ending DECEMBER (MONTH) 31 (DAY) 1990 (YEAR).
I request an automatic seven month extension of time to file until DECEMBER 15, 19 1991.
Note: An extension of time to file the return does not extend the time to pay the tax.

2 Check type of return to be filed:
- ☐ Corporation Franchise Tax or Income Tax Return (Form 100) (including REITs, REMICs and RICs)
- ☐ S Corporation Franchise or Income Tax Return (Form 100S)
- ☐ Exempt Organization Business Income Tax Return (except trusts) (Form 109)
- ☒ Exempt Organization Annual Information Statement or Return (except trusts) (Form 199)

(Any trust that files Form 109 or 199 must use form FTB 3503, Application for Automatic Extension of Time to File Partnership, Fiduciary and Certain Exempt Organization Returns.)

3 Does this application also cover subsidiaries to be included in a combined report? If yes, see Instruction F..... ☐ Yes ☐ No

A All Filers

1 Total tentative tax for income year. Include alternative minimum tax. • If filing Form 100 or Form 100S, the tentative tax may not be less than the minimum franchise tax. • If filing Form 109 and/or Form 199 and if no tax is due, enter "NONE"	1	NONE
2 Estimated tax payments (include prior year overpayment applied as a credit or overpayment from the water's-edge election fee on line B3)	2	
3 Balance due with this application (attach separate check or money order to this form). Subtract line A2 from line A1	3	NONE

B Water's-Edge Filers

1 Total water's-edge election fee due if filing Form 100-FEE	1	
2 Estimated fee payments (include prior year overpayment applied as a credit or overpayment from tentative tax on line A3)	2	
3 Balance due with this application (attach separate check or money order to this form for water's-edge election fee). Subtract line B2 from line B1	3	NONE

Signature — Under penalties of perjury, I declare I am authorized by the above-named corporation or exempt organization to make this application, and to the best of my knowledge and belief it is true, correct and complete.

Christina Goodson (Signature of officer or agent) — Accounting Manager (Title) — 5/14/91 (Date)

If a payment is sent with this application, mail to: **Franchise Tax Board, P.O. Box 942857, Sacramento, CA 94257-0551.**
If no payment is sent with this application, mail to: **Franchise Tax Board, P.O. Box 942857, Sacramento, CA 94257-0550.**

The Franchise Tax Board will complete this section if the extension is denied. You will not receive a notice if the extension is granted.
Your application for extension of time to file a return has been DENIED because:
- ☐ Your application was filed after the original due date of the return.
- ☐ The total tentative tax (line A1), either is not shown or is not sufficient (this line may not be less than the minimum franchise tax, if applicable).
- ☐ The amount of payment(s) and/or credit(s) claimed does not match Franchise Tax Board records. Our records show $_____ in payment(s) and/or credit(s). This amount includes any payment submitted with this form. Payment to the Secretary of State upon qualification or incorporation may not be claimed as credit.
- ☐ You did not include payment of the balance due on line A3 with the application.
- ☐ You did not include payment of the balance due on line B3 with the application.
- ☐ Our records show this corporation is suspended or forfeited; therefore, it does not qualify for an extension.
- ☐ We have no record of this corporation having exempt status.
- ☐ The application was not complete and/or signed.
- ☐ No extension beyond seven months may be granted.
- ☐ Other (explain): _____

DENIED BY: (Initial and Date)

YEAR

CALIFORNIA FORM

1990 Exempt Organization Business Income Tax Return 109

For taxable or income year beginning MONTH JANUARY | DAY 1 | YEAR 1990, and ending MONTH DECEMBER | DAY 31 | YEAR 1990

Attach Preaddressed Label

Check here if claiming any enterprise zone or program area tax benefits. ● ☐

California corporation or organization number: D-0546604

Federal employer identification number: 94-2147154

Name and address of the trustee:

Corporation name: POINT FOUNDATION

Nature of trade or business: MAILING LIST SALES

Address: 27 GATE FIVE ROAD

Social security or federal employer identification number:

City: SAUSALITO, State: CALIFORNIA, ZIP code: 94965

Form number of federal form filed: 990 T

If the unrelated trade or business gross income is $10,000 or less, complete only Side 1, state sources on line 1 or line 8, include deductions, and sign the return. Complete all applicable parts of the form if unrelated trade or business gross income is over $10,000.

Attach Remittance Here	**Organizations Taxable as Corporations**				
	1 Unrelated business taxable income (Side 2, Part II, line 30)			1	3058
	2 Multiply line 1 by average apportionment percentage _____ % (Schedule K, line 5) ●			2	
	3 Net operating loss deduction (from form FTB 3805Q) ●			3	
	4 Net unrelated business taxable income. Subtract line 3 from the lesser of line 1 or line 2 ●			4	3058
	5 Tax. Multiply line 4 by 9.3% (see General Instruction K)			5	284
	6 Tax credits (Schedule B, line 8, or Schedule P (100)) (see instructions) ●			6	
	7 Balance. Subtract line 6 from line 5. If line 6 is greater than line 5, enter zero			7	284
Tax Computation	**Organizations Taxable as Trusts**				
	8 Unrelated business taxable income (Side 2, Part II, line 30) ●			8	
	9 Net operating loss deduction (from form FTB 3805V) ●			9	
	10 Net unrelated business taxable income. Subtract line 9 from line 8 ●			10	
	11 Tax on amount on line 10 (see General Instruction K)			11	
	12 Tax credits (Schedule B, line 8, or Schedule P (541)) (see instructions) ●	12			
	13 Balance. Subtract line 12 from line 11. If line 12 is greater than line 11, enter zero			13	284
Total Tax	14 Tax from line 7 or line 13 ■			14	
	15 Alternative minimum tax ■			15	
	16 Total tax. Add line 14 and line 15 ■			16	284
Payments	17 Overpayment(s) from a prior year allowed as a credit	17			
	18 1990 estimated tax payments	18			
	19 Amount paid with application for extension of time to file return	19	400		
	20 Total payments and credits. Add lines 17 through 19			20	400
Tax Due or Over-payment	21 **Tax due.** Subtract line 20 from line 16. Pay entire amount with return (see instructions) ■			21	
	22 **Overpayment.** Subtract line 16 from line 20 (see instructions) ■			22	116
	23 Enter amount of line 22 to be applied to 1991 estimated tax ■			23	116
	24 Enter amount of line 22 to be refunded. Subtract line 23 from line 22 ■			24	
	25 Penalties and interest. See General Instruction M	25			
	☐ Check box if estimate penalty was computed using Exception C or D and attach form FTB 5806.				
	26 **Total amount due.** Add line 21 and line 25. Pay amount with return			26	0

Person to contact for additional information: CHRISTINE GOODSON

Telephone number: (415) 332-1716

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Signature of officer | Title | Date

▶ (415) 332-1716 Telephone

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ☐ | Preparer's social security no.

Firm's name (or yours, if self-employed) and address ▶ | FEIN | Telephone ( )

POINT FOUNDATION 94-2147154 12-31-90

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1	a Gross receipts or gross sales 18107 b Less returns and allowances _____ Balance ... ▶	1c	18107
2	Cost of goods sold and/or operations (Schedule A, line 7)	2	13751
3	Gross profit. Subtract line 2 from line 1c	3	4356
4	a Capital gain net income (see Specific Line Instructions) – Trusts attach Schedule D (541)	4a	
	b Net gain (loss) from Part II, federal Form 4797 (attached) – Trusts attach Schedule D-1	4b	
	c Capital loss deduction for trusts	4c	
5	Income (or loss) from partnerships (attach Schedule K-1 (565) or similar schedule)	5	
6	Rent income (Schedule C)	6	
7	Unrelated debt-financed income (Schedule D)	7	
8	Investment income of an R&TC Section 23701g, 23701i, 23701n or 23701q organization (Schedule E)	8	
9	Annuities, interest, royalties and rents from controlled organizations (Schedule F)	9	
10	Exploited exempt activity income (Schedule G)	10	
11	Advertising income (Schedule H, Part III, Column A)	11	
12	Other income (attach schedule)	12	
13	Total unrelated trade or business income. Add lines 3 through 12	13	4356

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors and trustees (Schedule I)			14	
15	Salaries and wages			15	
16	Repairs			16	
17	Bad debts			17	
18	Interest (attach schedule)			18	
19	Taxes (attach schedule)			19	
20	Contributions (see Specific Line Instructions and attach schedule)			20	
21	a Depreciation (Corporations and Associations — Schedule J) (Trusts — form FTB 3885F)	21a	298		
	b Less: depreciation claimed on Schedule A	21b		21	292
22	Depletion (attach schedule)			22	
23	a Contributions to deferred compensation plans			23a	
	b Employee benefit programs (see Specific Line Instructions)			23b	
24	Other deductions (attach schedule)			24	
25	Total deductions. Add lines 14 through 24			25	292
26	Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13			26	4058
27	Excess advertising costs (Schedule H, Part III, Column B)			27	0
28	Unrelated business taxable income before specific deduction. Subtract line 27 from line 26			28	4058
29	Specific deduction (see Specific Line Instructions)			29	1000
30	Unrelated business taxable income. Subtract line 29 from line 28. If line 29 is greater than line 28, enter the lesser of line 28 or zero.			30	3058

Caution: No deduction will be allowed for expenses incurred at or payments made to a club which restricts membership or the use of its services or facilities on the basis of age, sex, race, religion, color, ancestry or national origin.

Schedule A Cost of Goods Sold and/or Operations Method of Inventory Valuation (specify) _____

1	Inventory at beginning of year	1	0
2	Purchases	2	2965
3	Cost of labor	3	7233
4	a Additional IRC Section 263A costs (attach schedule)	4a	
	b Other costs (attach schedule)	4b	3553
5	Total. Add lines 1 through 4b	5	13751
6	Inventory at end of year	6	0
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Part I, line 2	7	13751

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? ☐ Yes ☐ No

Schedule B Tax Credits Do not complete if you must file Schedule P (100 or 541).

1	Jobs credit (form FTB 3524)	1			
2	Energy conservation credit carryover (form FTB 3514)	2			
3	Research credit (form FTB 3523)	3			
4	Orphan drug credit (form FTB 3528)	4			
5	Commercial solar energy and solar energy credit carryovers (form FTB 3805L)	5			
6	Low-income housing credit (form FTB 3521 and form FTB 3521A)	6			
7	Other credits (specify) _____	7			
8	Total. Add lines 1 through 7. Enter here and on Side 1, line 6, for corporations, or line 12 for trusts			8	

POINT FOUNDATION 94-2147154 12-31-90

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1	a Gross receipts or gross sales 18107 b Less returns and allowances _____ Balance ... ▶	1c	18107
2	Cost of goods sold and/or operations (Schedule A, line 7)	2	13751
3	Gross profit. Subtract line 2 from line 1c	3	4356
4	a Capital gain net income (see Specific Line Instructions) – Trusts attach Schedule D (541)	4a	
	b Net gain (loss) from Part II, federal Form 4797 (attached) – Trusts attach Schedule D-1	4b	
	c Capital loss deduction for trusts	4c	
5	Income (or loss) from partnerships (attach Schedule K-1 (565) or similar schedule)	5	
6	Rent income (Schedule C)	6	
7	Unrelated debt-financed income (Schedule D)	7	
8	Investment income of an R&TC Section 23701g, 23701i, 23701n or 23701q organization (Schedule E)	8	
9	Annuities, interest, royalties and rents from controlled organizations (Schedule F)	9	
10	Exploited exempt activity income (Schedule G)	10	
11	Advertising income (Schedule H, Part III, Column A)	11	
12	Other income (attach schedule)	12	
13	Total unrelated trade or business income. Add lines 3 through 12	13	4356

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors and trustees (Schedule I)			14	
15	Salaries and wages			15	
16	Repairs			16	
17	Bad debts			17	
18	Interest (attach schedule)			18	
19	Taxes (attach schedule)			19	
20	Contributions (see Specific Line Instructions and attach schedule)			20	
21	a Depreciation (Corporations and Associations — Schedule J) (Trusts — form FTB 3885F)	21a	298		
	b Less: depreciation claimed on Schedule A	21b		21	292
22	Depletion (attach schedule)			22	
23	a Contributions to deferred compensation plans			23a	
	b Employee benefit programs (see Specific Line Instructions)			23b	
24	Other deductions (attach schedule)			24	
25	Total deductions. Add lines 14 through 24			25	292
26	Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13			26	4058
27	Excess advertising costs (Schedule H, Part III, Column B)			27	0
28	Unrelated business taxable income before specific deduction. Subtract line 27 from line 26			28	4058
29	Specific deduction (see Specific Line Instructions)			29	1000
30	Unrelated business taxable income. Subtract line 29 from line 28. If line 29 is greater than line 28, enter the lesser of line 28 or zero. **Caution:** No deduction will be allowed for expenses incurred at or payments made to a club which restricts membership or the use of its services or facilities on the basis of age, sex, race, religion, color, ancestry or national origin.			30	3058

Schedule A Cost of Goods Sold and/or Operations Method of Inventory Valuation (specify) _____

1	Inventory at beginning of year	1	0
2	Purchases	2	2965
3	Cost of labor	3	7233
4	a Additional IRC Section 263A costs (attach schedule)	4a	
	b Other costs (attach schedule)	4b	3553
5	Total. Add lines 1 through 4b	5	13751
6	Inventory at end of year	6	0
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Part I, line 2	7	13751

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? ☐ Yes ☐ No

Schedule B Tax Credits Do not complete if you must file Schedule P (100 or 541).

1	Jobs credit (form FTB 3524)	1			
2	Energy conservation credit carryover (form FTB 3514)	2			
3	Research credit (form FTB 3523)	3			
4	Orphan drug credit (form FTB 3528)	4			
5	Commercial solar energy and solar energy credit carryovers (form FTB 3805L)	5			
6	Low-income housing credit (form FTB 3521 and form FTB 3521A)	6			
7	Other credits (specify) _____	7			
8	Total. Add lines 1 through 7. Enter here and on Side 1, line 6, for corporations, or line 12 for trusts			8	

POINT FOUNDATION 94-2147154 12-31-90

Schedule C Rent Income from Real Property and Personal Property Leased with Real Property

Note: For rental income from debt-financed property, use Schedule D. R&TC Section 23701g and Section 23701i organizations — see instructions for exceptions.

1 Description of property	2 Rent received or accrued	3 Percentage of rent attributable to personal property
		%
NOT APPLICABLE		%
		%

4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income		5 Complete if any item in column 3 is more than 10% but not more than 50%		
(a) Deductions directly connected (attach schedule)	(b) Income includible (column 2 less column 4(a))	(a) Gross income reportable (column 2 × column 3)	(b) Deductions directly connected with personal property (attach schedule)	(c) Net income includible (column 5(a) less column 5(b))

Add columns 4(b) and 5(c). Enter here and on Side 2, Part I, line 6 .....

Schedule D Unrelated Debt-Financed Income

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
NOT APPLICABLE			

4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Debt basis percentage (column 4 ÷ column 5)	7 Gross income reportable (column 2 × column 6)	8 Allocable deductions (total of columns 3(a) and 3(b) × column 6)	9 Net income (or loss) includible (column 7 less column 8)
		%			
		%			
		%			

Total. Enter here and on Side 2, Part I, line 7 .....

Schedule E Investment Income of a Section 23701g, 23701i, 23701n or 23701q Organization

1 Description	2 Amount	3 Deductions directly connected (attach schedule)	4 Net investment income (column 2 less column 3)	5 Set-asides (attach schedule)	6 Balance of investment income (column 4 less column 5)
NOT APPLICABLE					

Enter total here and on Side 2, Part I, line 8 .....

Enter gross income from members (dues, fees, charges or similar amounts) .....

Schedule F Income (Annuities, Interest, Rents and Royalties) From Controlled Organizations

1 Name and address of controlled organizations	2 Gross income from controlled organizations	3 Deductions directly connected with column 2 income (attach schedule)	4 Exempt controlled organizations		
			(a) Unrelated business taxable income	(b) Taxable income computed as though not exempt under Sec. 23701, or the amount in col. (a), whichever is greater	(c) Percentage (column (a) ÷ column (b))
					%
NOT APPLICABLE					%
					%

5 Nonexempt controlled organizations			6 Gross income reportable (column 2 × column 4(c) or column 5(c))	7 Allowable deductions (column 3 × column 4(c) or column 5(c))	8 Net income includible (column 6 less column 7)
(a) Excess taxable income	(b) Taxable income or amount in column (a), whichever is greater	(c) Percentage (col. (a) ÷ col. (b))			
		%			
		%			
		%			

Total. Enter here and on Side 2, Part I, line 9 .....

Schedule G Exploited Exempt Activity Income, other than Advertising Income

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business (col. 2 less col. 3)	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense (col. 6 less col. 5 but not more than col. 4)	8 Net income includible (col. 4 less col. 7 but not less than zero)
NOT APPLICABLE							

Total. Enter here and on Side 2, Part I, line 10 .....

POINT FOUNDATION 94-2147154 12-31-90

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs. If col. 2 is greater than col. 3, complete cols. 5, 6 and 7. If col. 3 is greater than col. 2, enter the excess in Part III, Col. B(b). Do not complete cols. 5, 6 and 7.	5 Circulation income	6 Readership costs	7 If col. 5 is greater than col. 6, enter the income shown in col. 4, in Part III, Col. A(b). If col. 6 is greater than col. 5, subtract col. 6 plus col. 3 from col. 5 plus col. 2. Enter amount in Part III, Col. A(b).
Totals						

Part II Income from Periodicals Reported on a Separate Basis

Part III Column A — Net Advertising Income

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4 or 7, and amounts listed in Part II, cols. 4 and 7
Enter total here and on Side 2, Part I, line 11	

Part III Column B — Excess Advertising Costs

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4
Enter total here and on Side 2, Part II, line 27	

Schedule I Compensation of Officers, Directors, and Trustees NOT APPLICABLE

1 Name of Officer	2 Social Security Number	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
			%		
			%		
			%		
			%		
Total. Enter here and on Side 2, Part II, line 14					

Schedule J Depreciation (Corporations and Associations only. Trusts — see instructions.)

1 Group and guideline class or description of property	2 Date acquired	3 Cost or other basis	4 Depreciation allowed or allowable in prior years	5 Method of computing depreciation	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation (do not include in items below)						
2 Other depreciation:						
Buildings						
Furniture and fixtures						
Transportation equipment						
Machinery and other equipment			NOT APPLICABLE			
Other (specify)						
3 Other depreciation						
4 Total						
5 Amount of depreciation claimed elsewhere on return						
6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a						

Schedule K Apportionment Formula

Limited to unrelated trade or business amounts	(a) Total within and without the state	(b) Total within the state	(c) Percent within the state ((b) ÷ (a))
1 Average yearly value of real and tangible personal property whether owned or rented (see Specific Instructions)			
2 Wages, salaries, and other compensation of employees	NOT APPLICABLE		
3 Gross sales and/or receipts, less returns and allowances			
4 Total percent (sum of the percentages above)			
5 Average apportionment percentage. Line 4 x 1/3. Enter here and on Side 1, line 2			

POINT FOUNDATION 94-2147154 12-31-90

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs. If col. 2 is greater than col. 3, complete cols. 5, 6 and 7. If col. 3 is greater than col. 2, enter the excess in Part III, Col. B(b). Do not complete cols. 5, 6 and 7.	5 Circulation income	6 Readership costs	7 If col. 5 is greater than col. 6, enter the income shown in col. 4, in Part III, Col. A(b). If col. 6 is greater than col. 5, subtract col. 6 plus col. 3 from col. 5 plus col. 2. Enter amount in Part III, Col. A(b).
Totals						

Part II Income from Periodicals Reported on a Separate Basis

Part III Column A — Net Advertising Income

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4 or 7, and amounts listed in Part II, cols. 4 and 7
Enter total here and on Side 2, Part I, line 11	

Part III Column B — Excess Advertising Costs

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4
Enter total here and on Side 2, Part II, line 27	

Schedule I Compensation of Officers, Directors, and Trustees NOT APPLICABLE

1 Name of Officer	2 Social Security Number	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
			%		
			%		
			%		
			%		
Total. Enter here and on Side 2, Part II, line 14					

Schedule J Depreciation (Corporations and Associations only. Trusts — see instructions.)

1 Group and guideline class or description of property	2 Date acquired	3 Cost or other basis	4 Depreciation allowed or allowable in prior years	5 Method of computing depreciation	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation (do not include in items below)						
2 Other depreciation:						
Buildings						
Furniture and fixtures						
Transportation equipment						
Machinery and other equipment			NOT APPLICABLE			
Other (specify)						
3 Other depreciation						
4 Total						
5 Amount of depreciation claimed elsewhere on return						
6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a						

Schedule K Apportionment Formula

Limited to unrelated trade or business amounts	(a) Total within and without the state	(b) Total within the state	(c) Percent within the state ((b) ÷ (a))
1 Average yearly value of real and tangible personal property whether owned or rented (see Specific Instructions)			
2 Wages, salaries, and other compensation of employees	NOT APPLICABLE		
3 Gross sales and/or receipts, less returns and allowances			
4 Total percent (sum of the percentages above)			
5 Average apportionment percentage. Line 4 x 1/3. Enter here and on Side 1, line 2			

90 57713

TAXABLE YEAR **1990**

Application for Automatic Extension of Time to File Corporation Franchise or Income Tax Return

CALIFORNIA FORM **3504**

For bank, corporation and S corporation returns, and exempt organization information statements or returns.

California corporation number: D-0546604

Federal employer identification number: 94-2147154

Do Not Write In This Space

Corporation/Organization name: POINT FOUNDATION

Address (number and street, including apartment number, P.O. Box or rural route): 27 GATE FIVE ROAD

City, town or post office, state and ZIP code: SAUSALITO, CALIFORNIA 94705

1 For income year beginning JANUARY (MONTH) 1 (DAY) 1990 (YEAR) and ending DECEMBER (MONTH) 31 (DAY) 1990 (YEAR).
I request an automatic seven month extension of time to file until DECEMBER 15, 19 91.
Note: An extension of time to file the return does not extend the time to pay the tax.

2 Check type of return to be filed:
- ☐ Corporation Franchise Tax or Income Tax Return (Form 100) (including REITs, REMICs and RICs)
- ☐ S Corporation Franchise or Income Tax Return (Form 100S)
- ☒ Exempt Organization Business Income Tax Return (except trusts) (Form 109)
- ☐ Exempt Organization Annual Information Statement or Return (except trusts) (Form 199)

(Any trust that files Form 109 or 199 must use form FTB 3503, Application for Automatic Extension of Time to File Partnership, Fiduciary and Certain Exempt Organization Returns.)

3 Does this application also cover subsidiaries to be included in a combined report? If yes, see Instruction F..... ☐ Yes ☐ No

A All Filers

1 Total tentative tax for income year. Include alternative minimum tax. • If filing Form 100 or Form 100S, the tentative tax may not be less than the minimum franchise tax. • If filing Form 109 and/or Form 199 and if no tax is due, enter "NONE"	1	400
2 Estimated tax payments (include prior year overpayment applied as a credit or overpayment from the water's-edge election fee on line B3)	2	0
3 Balance due with this application (attach separate check or money order to this form). Subtract line A2 from line A1	3	400

B Water's-Edge Filers

1 Total water's-edge election fee due if filing Form 100-FEE	1	
2 Estimated fee payments (include prior year overpayment applied as a credit or overpayment from tentative tax on line A3)	2	
3 Balance due with this application (attach separate check or money order to this form for water's-edge election fee). Subtract line B2 from line B1	3	NONE

Signature — Under penalties of perjury, I declare I am authorized by the above-named corporation or exempt organization to make this application, and to the best of my knowledge and belief it is true, correct and complete.

Christina Goodson (Signature of officer or agent) — Accounting Manager (Title) — 5/14/91 (Date)

If a payment is sent with this application, mail to: **Franchise Tax Board, P.O. Box 942857, Sacramento, CA 94257-0551.**
If no payment is sent with this application, mail to: **Franchise Tax Board, P.O. Box 942857, Sacramento, CA 94257-0550.**

The Franchise Tax Board will complete this section if the extension is denied. You will not receive a notice if the extension is granted. Your application for extension of time to file a return has been DENIED because:
- ☐ Your application was filed after the original due date of the return.
- ☐ The total tentative tax (line A1), either is not shown or is not sufficient (this line may not be less than the minimum franchise tax, if applicable).
- ☐ The amount of payment(s) and/or credit(s) claimed does not match Franchise Tax Board records. Our records show $_____ in payment(s) and/or credit(s). This amount includes any payment submitted with this form. Payment to the Secretary of State upon qualification or incorporation may not be claimed as credit.
- ☐ You did not include payment of the balance due on line A3 with the application.
- ☐ You did not include payment of the balance due on line B3 with the application.
- ☐ Our records show this corporation is suspended or forfeited; therefore, it does not qualify for an extension.
- ☐ We have no record of this corporation having exempt status.
- ☐ The application was not complete and/or signed.
- ☐ No extension beyond seven months may be granted.
- ☐ Other (explain): _____

DENIED BY: (Initial and Date)

Detach Here

FORM **CT – 2** (REV. 12-87)
MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone (916) 445-2021

PERIODIC REPORT

TO ATTORNEY GENERAL OF CALIFORNIA
Section 12586, California Government Code

Failure to file this report by the 15th day of the fifth month after the close of your accounting period may result in the loss of your tax exemption and the assessment of a minimum tax of $300 or more.

ACCOUNTING PERIOD — For the Year Beginning JANUARY 1, 1990 and Ending DECEMBER 31, 1990

If address changed check here . . . ▶ ☐ and show changes below ▼

State Charity registration number CT 101497

10497 YEAR ENDED DEC 31, 1990 L

POINT
27 GATE 5 ROAD
SAUSALITO CA 94965

Corporate or Organization No. 94 2147154

	Yes	No
A. Is the organization exempt from federal income tax? If "no", attach explanation. See instructions.	X	
B. Is this entity a split-interest trust?		X

PART I FILING REQUIREMENTS: CHECK ONE BOX AND ATTACH THE REQUIRED IRS FORMS

☒ This entity is **not** a private foundation. **We have attached** a completed copy of IRS Form 990, and Schedule A (Form 990) and related attachments (even though we may not be required to file these uniform forms with the IRS). Complete Part II below.

☐ This entity is a private foundation. **We have attached** a completed copy of IRS Form 990-PF and related attachments. Complete Parts II and III below.

PART IA ACTIVITIES	Yes	No
Are the program activities of this entity limited solely to grantmaking?		X

PART II STATEMENTS REGARDING THIS ORGANIZATION DURING THE PERIOD OF THIS REPORT		Yes	No
1 Was 50% or more of your total revenue from government grants? (See line 1 instructions) If "yes", attach a schedule showing the agency(s) name, address, purpose of the grant and the amount. List only the four different government agencies that provide the largest amounts.	1		X
2 Were you audited by any government agency which resulted in audit exceptions in excess of $50,000 being taken? If "yes", attach a copy of the audit report(s), and enter here the total amount involved . . . 2a $	2		X
3 Did an independent public accountant issue a report on your financial statements? If "yes", enter here: Accountant's Name _____ Telephone ( )	3		X
4 Is any of your property held in the name of or commingled with the property of any other organization or person, **other than** Pooled Investment Funds? If "yes", attach justification, including value of assets commingled.	4		X
5 Were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? If "yes", attach a detailed explanation and enter here the total amount involved . . . 5a $	5		X
6 Did you donate anything to an **organization** that is **not** tax-exempt under Section 501 (c) (3) or 501 (c) (4) of the IRC? If "yes", attach explanation and enter here the fair market value of the donation . . . 6a $	6		X
7 Did this organization regularly solicit salvage, sell salvage in a thrift store, or was it a party to a contract involving the solicitation or sale of salvage? If "yes", include amounts on Form 990, line 10.	7		X
8 Were you or any of your officers, directors or trustees a party to any court action in which there was an alleged breach of trust? If "yes", attach explanation.	8		X
9 Did you pay or incur any tax-related penalty, fine or judgment? If "yes", attach an explanation and enter here the total amount involved . . . 9a $ 11.10	9	X	

Late payment Form 109 penalty/interest

Under penalties of perjury, I declare that I have examined this report, including accompanying documents, schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer (See instructions)	Printed Name	Title	Date
Kelly R.W. Teevan	Kelly R.W. Teevan	Executive Director	11/15/91

		Yes	No
10 Did you receive $10,000 or more in direct public support (Form 990, line 1 (a) or included in Form 990-PF, Part I, line 1)?	**10**	X	
If "yes", enter the following amounts:			
(a) Direct support from the general public **10a** 83244			
(b) Foundation and trust grants **10b** 5000			
(c) Corporate and other business grants **10c**			
(d) Bequests **10d**			
(e) Total direct public support (add lines a through d) **10e** 88244			
11 Did you contract with or use the services of an independent professional fund raiser? If "yes", complete Part IV (Form CT-2). . .	**11**	X	
12 Did your invested assets total $50,000 or more? If "yes", complete Part V (Form CT-2) (See line 12 instructions)	**12**		X
13 Did you receive any income from any bingo game?	**13**		X
If "yes", enter here the gross revenue obtained from the bingo game(s) whether or not all such monies were received by your organization. . . . . **13a** $			
14 Employee compensation of the five highest paid employees:			
(a) Did any individual employee receive salary plus employer contribution to employee benefit plans, expense account or other allowance in excess of $100,000?	**14a**		X
(b) Other than salary, was compensation, bonuses or other benefits not listed in (a) above of $10,000, or more, paid any employee?	**14b**		X
(c) Did any employee receive the benefit of a residence for personal use which was owned or leased by the organization?	**14c**		X
(d) Did the organization lease, rent or purchase any equipment, property, or facility to or from an employee or any business entity in which the employee had any financial interest?	**14d**		X
If "yes", enter here the total amount involved . . . . . **14d** $			
(e) Did the organization make any loans in excess of $5,000 to any employee?	**14e**		X
If any of questions 14(a), (b), (c), (d), or (e) are answered "yes", attach the organization's employment contract with the employee(s), copies of any contracts or agreements with the employee(s) and specific details to fully explain any "yes" response.			
15 Did you make any payments to independent consultants or contractors **other than** for (a) fundraising, (b) accounting, (c) legal fees, (d) investment fees?	**15**	X	
If "yes", attach a schedule which shows each payee's name and address and specifies the amount and purpose of each payment; enter here the total of all such payments . . . . . **15a** $ 72,196			

16 If you incurred or paid any of the following taxes and/or related penalties, enter the amounts in the blanks provided.

		Tax	Penalty
a Payroll	**16a**	28584	
b Sales (on items you sold)	**16b**	249	
c Personal Property	**16c**	926	
d Real Estate	**16d**		
e Unrelated Business Income	**16e**	744	

(17–30 not currently in use)

Detach Here

Detach Here

FORM **CT – 2** (REV. 12-87)
MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone (916) 445-2021

PERIODIC REPORT

TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586, California Government Code

Failure to file this report by the 15th day of the fifth month after the close of your accounting period may result in the loss of your tax exemption and the assessment of a minimum tax of $300 or more.

ACCOUNTING PERIOD — For the Year Beginning _____, 19____ and Ending _____, 19____

If address changed check here . . . ▶ ☐ and show changes below ▼

State Charity registration number CT | | | | | |

File Form with label. Otherwise, print or type.	Name of organization
	Address (number and street)
	City or town, State, and ZIP code

Corporate or Organization No. _____

	Yes	No
A. Is the organization exempt from federal income tax? If "no", attach explanation. See instructions.		
B. Is this entity a split-interest trust?		

PART I FILING REQUIREMENTS: CHECK ONE BOX AND ATTACH THE REQUIRED IRS FORMS

☐ This entity is **not** a private foundation. **We have attached** a completed copy of IRS Form 990, and Schedule A (Form 990) and related attachments (even though we may not be required to file these uniform forms with the IRS). Complete Part II below.

☐ This entity is a private foundation. **We have attached** a completed copy of IRS Form 990-PF and related attachments. Complete Parts II and III below.

PART IA ACTIVITIES	Yes	No
Are the program activities of this entity limited solely to grantmaking?		

PART II STATEMENTS REGARDING THIS ORGANIZATION DURING THE PERIOD OF THIS REPORT		Yes	No
1 Was 50% or more of your total revenue from government grants? (See line 1 instructions)	1		
If "yes", attach a schedule showing the agency(s) name, address, purpose of the grant and the amount. List only the four different government agencies that provide the largest amounts.			
2 Were you audited by any government agency which resulted in audit exceptions in excess of $50,000 being taken?	2		
If "yes", attach a copy of the audit report(s), and enter here the total amount involved . . . . . 2a $ _____			
3 Did an independent public accountant issue a report on your financial statements?	3		
If "yes", enter here: Accountant's Name _____ Telephone ( ) _____			
4 Is any of your property held in the name of or commingled with the property of any other organization or person, **other than** Pooled Investment Funds?	4		
If "yes", attach justification, including value of assets commingled.			
5 Were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	5		
If "yes", attach a detailed explanation and enter here the total amount involved . . . . . 5a $ _____			
6 Did you donate anything to an **organization** that is **not** tax-exempt under Section 501 (c) (3) or 501 (c) (4) of the IRC?	6		
If "yes", attach explanation and enter here the fair market value of the donation . . . . . 6a $ _____			
7 Did this organization regularly solicit salvage, sell salvage in a thrift store, or was it a party to a contract involving the solicitation or sale of salvage? If "yes", include amounts on Form 990, line 10.	7		
8 Were you or any of your officers, directors or trustees a party to any court action in which there was an alleged breach of trust? If "yes", attach explanation.	8		
9 Did you pay or incur any tax-related penalty, fine or judgment?	9		
If "yes", attach an explanation and enter here the total amount involved. . . . . 9a $ _____			

Under penalties of perjury, I declare that I have examined this report, including accompanying documents, schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer (See instructions) | Printed Name | Title | Date

Detach Here

PART III ADDITIONAL INFORMATION FROM PRIVATE FOUNDATIONS ONLY NOT APPLICABLE

		Yes	No
31 Did you file a Form 4720 with the Internal Revenue Service?	31		X
If "yes", attach a copy of Form 4720 and enter here the amount of total taxes paid with that return	31a		

(32–39 not currently in use)

PART IV PROFESSIONAL FUND-RAISERS (PFR) (SEE QUESTION 11)

	EVENT # 1	EVENT # 2	EVENT # 3	TOTAL
40 Brief Description of Campaign, Drive or Event				
41 Date or Period Covered	1/1/90 – 11/15/90			
42 Name of PFR	STEPHANIE LEONARD			
43 Address of PFR				
44 Total Public Donations *	50267		44	50267
45 All Payments to PFR	14000		45	– 14000
46 All Other Fund-Raising Expenses	3570		46	– 3570
47 Net Proceeds (Line 44 Less 45 and 46)	32697		47	32697

(48–59 not currently in use) * On line 44, do **not** deduct any costs from gross donations.

NOTE: If more than three events, attach a schedule using the same format and include amounts in Part IV totals.

PART V SUMMARY OF INVESTMENTS TOTALING $50,000 OR MORE (SEE QUESTION 12) NOT APPLICABLE

60 Securities, beginning of year at cost (990, line 54(A) or 990-PF, Part II, line 10(A))	60	
61 Securities acquired, at cost or original basis	61	
62 Securities sold, at cost or original basis (may include sales expenses)	62	–
63 Securities, end of year at cost (990, line 54(B) or 990-PF, Part II, line 10(B))	63	
64 Securities, end of year at market value	64	
65 Sum of all gains on sales during the year	65	
66 Sum of all losses on sales during the year	66	–
67 Dividends and interest from securities (990, line 5 or 990-PF, Part I, line 4(A))	67	
68 Total return realized (line 65 less line 66, plus line 67)	68	
69 Less investment counsel fees	69	–
70 Net return realized from investments in securities (line 68 less line 69)	70	

Has this organization engaged in, purchased, sold or held during the year:

		Yes	No
71 Investments (any type) which produce no current income?	71		
72 Investments (any type) worth one half or less of original basis?	72		
73 Securities on margin?	73		
74 Warrants, puts, calls, options, commodity futures, or short sales?	74		
75 Stocks rated "Speculative Grade" by Moody's, or ranked "B–" or lower by Standard & Poor's?	75		
76 Securities not publicly traded?	76		
77 Municipal bonds or similar tax-exempt securities which yield less than taxable securities?	77		
78 Stock in which an officer, director or trustee owns 10% or more of the outstanding shares?	78		

If "yes" on any line from 71 through 78, attach a full explanation.

INSTRUCTIONS FOR FILING FORM CT-2

Periodic Report to Attorney General of California

THE ATTORNEY GENERAL IS RESPONSIBLE UNDER CALIFORNIA LAW TO PROTECT THE PUBLIC INTEREST IN ASSETS HELD FOR CHARITABLE PURPOSES (PURPOSES BENEFITING THE PUBLIC INTEREST). THIS RESPONSIBILITY IS CARRIED OUT IN PART BY REQUIRING ORGANIZATIONS AND TRUSTS HOLDING SUCH ASSETS TO REGISTER AND FILE PERIODIC REPORTS.

GENERAL INSTRUCTIONS

WHO MUST FILE A PERIODIC REPORT, FORM CT-2

Every corporation, association or trustee holding assets for the public benefit is required to file Form CT-2, EXCEPT:

(1) a government agency,

(2) a religious corporation sole,

(3) a cemetery corporation regulated under Chapter 19 of Division 3 of the Business and Professions Code.

(4) a committee defined in Section 82013 of the California Government Code (one receiving and expending political funds) which is required to and which does file any statement pursuant to the provisions of Article 2 (commencing with Section 84200) of Chapter 4 of Title 9.

(5) a charitable corporation organized and operated primarily as a religious organization, educational institution or hospital.

(6) a health care service plan licensed pursuant to Section 1349 of the Health and Safety Code.

(7) corporate trustees which are subject to the jurisdiction of the Superintendent of Banks of the State of California or to the Comptroller of Currency of the United States. However, for testamentary trusts, such trustees are required to file a copy of a complete annual financial summary which is prepared in the ordinary course of business. See Probate Code Section 1120.1a.

Those required to file Form CT-2 are frequently exempt from tax under Section 501(c)(3) or 501(c)(4) of the Internal Revenue Code and Section 23701d or 23701f of the California Revenue and Taxation Code. The requirement for reporting, however, is not dependent upon such tax exemption.

ALL PRIVATE FOUNDATIONS are required by Federal Law to file a copy of Form 990-PF and 4720 with this office even though certain foundations may be exempt from filing Form CT-2.

A NONEXEMPT CHARITABLE TRUST described in Section 4947(a)(1) of the Internal Revenue Code, which also meets the definition of a private foundation under Section 509(a) of the Internal Revenue Code, must comply with the reporting requirements of a private foundation by filing Form CT-2 with Form 990-PF attached.

WHAT TO FILE

A copy of Internal Revenue Service Form 990 or 990-PF is accepted for the main portion of Form CT-2 and is a REQUIRED attachment to Form CT-2. These forms are the only acceptable computer input documents. A FORM CT-2 FILED WITHOUT A COPY OF THE APPLICABLE FEDERAL FORM 990 OR 990-PF DOES NOT MEET THE FILING REQUIREMENT. Additional attachments may be sent as supplements to, but not in lieu of entering applicable information on the pertinent lines of Form CT-2 and Form 990 or 990-PF. Do not enter comments like, "See Attached Statements" in lieu of entering amounts on the pertinent lines. Such attachments cannot be computer processed.

A few organizations which are required to file Form CT-2 may not be filing Form 990 or 990-PF with the Internal Revenue Service. All organizations must complete all parts and all lines of Form 990 to meet the Attorney Generals filing requirement even though Internal Revenue Service requirements may permit certain small organizations to omit the form or some lines on the Form 990.

Blank Forms 990 or 990-PF may be obtained from the Internal Revenue Service or other sources of federal tax forms. A limited supply of these forms is also available from the Registry of Charitable Trusts.

Forms CT-2 with a printer's revision date of January 1981, or earlier, and Forms 990 or 990-PF for 1980 or earlier, are obsolete for reporting periods ending December 31, 1981, and later.

Forms CT-2 not completed in accordance with these instructions are not acceptable and do not meet the filing requirement.

EXTENDED REPORTING

Small registrants MUST FILE AN INITIAL REPORT and thereafter may file only once every tenth year. EXCEPTION—A REPORT IS REQUIRED IF ANY ONE OF THE FOLLOWING OCCURS FOR THE YEAR BEING CONSIDERED:

(1) gross revenue exceeds $25,000; or

(2) total assets at any time exceed $25,000; or

(3) the public benefit purposes are amended or modified; or

(4) self-dealing transactions occur as defined in Cal. Corp. Code section 5233, or Civil Code section 2228; or

(5) loans are made by the organization to a director or officer; or

(6) substantial assets are sold or transferred; or

(7) the organization becomes inactive, disbands or dissolves; or

(8) ten years have passed since the last Form CT-2 was filed.

You must notify us of any address change even though Form CT-2 need not be filed.

If a blank Form CT-2 was sent to you but is not required to be filed because all of the above conditions are met, please return the blank Form CT-2 with a brief explanation that the organization is excused from filing under the extended reporting provisions. This will permit a correction of our records.

REPRODUCTION OF FORM CT-2

The Attorney General prefers that the Form CT-2 filed be on the form with the preaddressed label affixed which is mailed to each registrant. Reproduced copies will be accepted subject to the following conditions:

(1) Reproductions must have a high standard of legibility and permanence, both as to original form and filled-in data.

(2) The preaddressed label or a reproduction thereof must appear on the copy filed.

(3) It is preferred that both sides of the paper be used in making reproductions, resulting in the same page arrangement as that of the official form.

(4) All signatures must be original signatures affixed subsequent to the reproduction process.

(5) The Attorney General reserves the right to reject any Form CT-2 which does not meet these conditions.

WHEN AND WHERE TO FILE

Form CT-2 must be filed on or before the 15th day of the fifth month (within 4½ months) following the close of your accounting period with the Registry of Charitable Trusts, P.O. Box 903447, Sacramento, CA 94203-4470.

FAILURE TO FILE ON TIME

If an organization or trust fails to file Form CT-2 on or before the due date, it is subject to the disallowance of state income tax exemption and the assessment of a minimum tax of $300, or more, plus interest, which cannot be cancelled when Form CT-2 is subsequently filed. Further action will follow until the required report is filed.

Those persons responsible for delinquent filing are personally liable for the payment of taxes and interest incurred. Charitable funds may not be used to pay such liabilities.

EXTENSION OF TIME FOR FILING

An extension of time may be requested by submitting a copy of the application for extension to file Form 990 or 990-PF with the Internal Revenue Service. The copy of the application for extension filed with this office should include the state registration (CT) number.

90 56257

Form **2758**
(Rev. October 1988)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File
Fiduciary and Certain Other Returns

▶ File a separate application for each return.

OMB No. 1545-0148
Expires: 10-31-90

Please type or print.
File the original and one copy by the due date for filing your return. (See instructions on back.)

Name: POINT FOUNDATION

Number and street (or P.O. Box number if mail is not delivered to street address): 27 GATE FIVE ROAD

City or town, state, and ZIP code: SAUSALITO, CALIFORNIA 94965

Employer identification number:

Farmers' cooperative associations filing Form 990-C, corporate exempt organizations filing Form 990-T, funds filing Form 1120-ND, political or exempt organizations filing Form 1120-POL, or S corporations filing Form 1120S, use Form 7004. Partnerships filing Form 1065 and trusts filing either Form 1041 or Form 1041S, use Form 8736.

1 An extension of time until NOVEMBER 15, 1991 is requested in which to file (check only one):

☐ Form 706GS (D) ☐ Form 990-BL ☐ Form 990-T (trust other than above) ☐ Form 1066 ☐ Form 4720 ☐ Form 8612 ☒
☐ Form 706GS (T) ☐ Form 990-PF ☐ Form 1041 (estate) ☐ Form 1120-ND (4951 taxes) ☐ Form 5227 ☐ Form 8613 CT-2
☐ Form 990 ☐ Form 990-T (401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 3520-A ☐ Form 6069 ☐ Form 8725

If organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐

2 For calendar year 19 90 or other tax year beginning _____ and ending _____

3 Has an extension of time to file been previously granted for this tax year? . . . . . ☐ Yes ☒ No

4 State in detail why you need the extension. NOT ALL INFORMATION IS AVAILABLE TO COMPLETE RETURN ACCURATELY BY MAY 15.

5a If this form is for Form 706GS(D), 706GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1066, 1120-ND, 4720, 6069, 8612, 8613, or 8725, enter the tentative tax. See the instructions . . . . . $ NONE

b If this form is for Form 990-PF, 990-T, or 1041 (estate), enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. See the instructions . . . . . $ _____

c Balance due (subtract line 5b from line 5a). Include your payment with this form, or deposit with FTD Coupon if required. See the instructions . . . . . $ NONE

Caution: *Interest will be charged on any tax not paid by the regular due date of the returns filed on forms listed above until the tax is paid.*

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature ▶ Christopher Goodson Date ▶ 5/14/91

File original and one copy. IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant—To Be Completed by IRS

☐ We **HAVE** approved your application. (Please attach this form to your return.)

☐ We **HAVE NOT** approved your application. (Please attach this form to your return.) However, because of your reasons stated above, we have granted a 10-day grace period from the date shown below or due date of your return, whichever is later. This 10-day grace period is considered to be a valid extension of time for purposes of elections otherwise required to be made on timely filed returns.

☐ We **HAVE NOT** approved your application. After considering your reasons stated above, we cannot grant your request for an extension of time to file. (We are not granting the 10-day grace period.)

☐ We cannot consider your application because it was filed after the due date of your return.

☐ Other _____

Director

Date By:

If the copy of this form is to be returned to an address other than that shown above, please enter the address where the copy should be sent.

Please Type or Print

Name

Number and street (or P.O. Box number if mail is not delivered to street address)

City or town, state, and ZIP code